



James P. Hagarty Prosecuting Attorney

Yakima County Prosecuting Attorney's Office
128 North Second Street, Room 329
Yakima, WA 98901

Phone: (509) 574-1210 Fax: (509) 574-1211

E-mail: James.Hagarty@co.yakima.wa.us

Web Site: <http://co.yakima.wa.us/pa/>

February 28, 2014
(Corrected Date)

RECEIVED

MAR 4 2014

Office of the Chief
Yakima Police Dept.

Chief Dominic Rizzi
Yakima Police Department
200 S. 3rd Street
Yakima, WA. 98901

Re: Officer Involved Shooting – Officer Casey Gillette – January 4, 2014 – YPD# 14Y00448

Dear Chief Rizzi:

I have received the investigative reports prepared by the Yakima Police Department concerning the above noted incident. The Yakima County Prosecuting Attorney's Office has now completed its review of the reports, surveillance video, Coban videos, communication recordings, and statements of Officer Gillette and the passenger witness.

The relevant statutory provisions provide as follows:

RCW 9A.16.040(1)(b) provides in part that the use of deadly force by a law enforcement officer is justified when necessarily used by a peace officer to overcome actual resistance to the execution of the legal process, mandate, or order of a court or officer, or in the discharge of a legal duty.

RCW 9A.16.040(c)(i) permits the use of deadly force necessarily used to arrest or apprehend a person the officer reasonably believes has or is committing a felony. In such a situation, the officer must have probable cause to believe the person, if not apprehended, poses a threat of physical harm to the officer or others. Circumstances which are considered threats of physical harm include the situation where the person threatens the officer with a weapon or displays a weapon in a manner which could be reasonably construed as threatening.

COY 04820

The relevant facts are as follows:

On January 4, 2014, Officer Casey Gillette ("Gillette"), a commissioned law enforcement officer, was on routine patrol in the City of Yakima. Gillette was in a marked patrol vehicle and wearing a police uniform. At the time, Gillette had a female passenger doing a ride along with him. At approximately 2:00 am Gillette observed a vehicle parked on the west side of the Classic Auto Car Wash located at 907 E. Nob Hill, and noted that the engine was running, but he could not see anyone visible in the vehicle. Gillette made no contact with the vehicle at that time. At approximately 2:43, this same vehicle was observed at that location by Trooper S. Storms ("Storms"), who had come to the car wash to clean her WSP vehicle. Storms observed the vehicle parked and the engine running, but decided not to make contact with the vehicle and then departed the car wash. At approximately 2:53, Gillette drove by the car wash and observed the same vehicle still parked in the same place and the engine still running. Gillette decided to make contact with vehicle to determine the driver's condition.

Gillette pulled his vehicle into the car wash lot and parked his vehicle to the rear and left of driver side of the parked vehicle. Gillette activated his spotlight and illuminated the vehicle. At approximately 2:54, Gillette called dispatch and advised he was out with the vehicle and gave the license number. Gillette then approached the vehicle on the driver's side, where he observed a subject in the driver's seat, with his head slumped forward to his chest and his hands between his legs. Gillette believed the subject was either sleeping or passed out. This individual was later identified as Rocendo Arias ("Arias"). Gillette went around the rear of the vehicle to the passenger side. Gillette is observed at the rear of the parked vehicle in his vehicle's Coban and the surveillance camera located on the business property. Gillette is observed carrying his flashlight in his left hand. Gillette stated that he opened the passenger side door and illuminated

the interior with his flashlight, which allowed him to see Arias' entire body, including his hands. Arias then raised his head and turned towards Gillette. At this same time, Gillette observed what appeared to be the slide and ridges on the slide that are consistent with those found on most semi-automatic handguns. Because of the way the weapon was located between Arias' legs and being in his hands, Gillette was unable to see the orange tip. Gillette ordered Arias not to move, while Gillette drew his own weapon. Arias then lunged quickly at Gillette and pointed the weapon pointed at Gillette. Gillette then rocked back and fired one round, which struck the middle pillar on the passenger side of the vehicle, and then leaned forward and fired three more rounds.

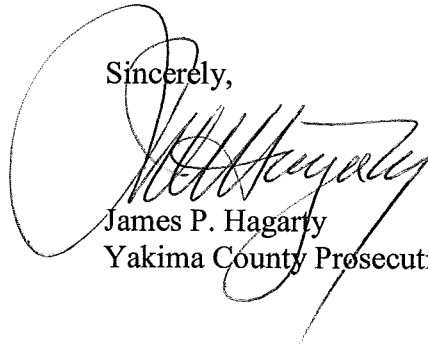
At 2:56, numerous officers heard Gillette call out that shots had been fired, and shortly thereafter, that the subject was down. Arriving officers observed Gillette standing beside the open passenger side door pointing his weapon inside the vehicle and ordering Arias to show his hands. Officers observed Arias in the driver's seat, observed he was holding a weapon in his hand and had his finger on the trigger. From the driver side the weapon was observed pointing at the driver's side door and officers could observe the orange tip. Officers on the passenger side indicated that from their position they could not see the orange tip. An officer entered the vehicle and retrieved the weapon.

Gillette indicated that he fired four rounds. One dent was located on the passenger side middle pillar on the passenger side, with a fired bullet lying on the ground just below. There was a hole through the driver side window and one through the door. The final bullet entered Arias' head and was located there during the autopsy. Four shell casings were found approximately five feet in front of the passenger side, consistent with the ejection pattern for Gillette's weapon.

Here, Arias was observed with what appeared to be a real firearm being held in his hand. Arias responded to Gillette's command not to do anything by raising his weapon and pointing the weapon at Gillette. The act of turning and the raising of the gun towards Gillette, justified a reasonable belief on the part of Gillette, under the circumstances at the time and as they appeared to Gillette, that a felony offense was being committed, and created a reasonable belief that Arias posed an immediate threat of death and/or physical injury to Gillette. I conclude that Officer Gillette was justified in the use of deadly force under the circumstances.

Should anything further be need, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Hagarty", written over a large, loopy circular flourish.

James P. Hagarty
Yakima County Prosecuting Attorney



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February 24, 2014

RECEIVED

MAR 4 2014

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Yakima Police Dept.

Chief Dominic Rizzi
Yakima Police Department
200 S. 3rd Street
Yakima, WA. 98901

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COY 04824

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the interior with his flashlight, which allowed him to see Arias' entire body, including his hands. Arias then raised his head and turned towards Gillette. At this same time, Gillette observed what appeared to be the slide and ridges on the slide that are consistent with those found on most semi-automatic handguns. Because of the way the weapon was located between Arias' legs and being in his hands, Gillette was unable to see the orange tip. Gillette ordered Arias not to move, while Gillette drew his own weapon. Arias then lunged quickly at Gillette and pointed the weapon pointed at Gillette. Gillette then rocked back and fired one round, which struck the middle pillar on the passenger side of the vehicle, and then leaned forward and fired three more rounds.

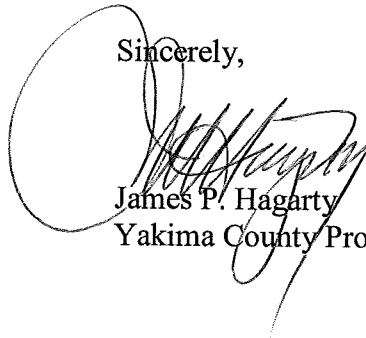
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Should anything further be need, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Hagarty', is written over the typed name and title.

James P. Hagarty
Yakima County Prosecuting Attorney

CITY OF YAKIMA PERSONNEL ACTION

12-27
REQUISITION NO.

1-12-12
DATE

1 REQUESTING DIVISION	031 DIVISION NO.	Lateral Police Officer POSITION TITLE	6121 CLASS CODE	 POSITION NO.
	new - 1 of 6 POSITION VACATED BY:		FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> TEMP. <input type="checkbox"/> TYPE OF POSITION	
	113 52120 111 SVC UNIT BASUB ELEMENT BARS NUMBER		5316.03/mo 30.167/mo SALARY	
			C-12 STEP	COO FUND SRC
			REVIEWED PERSONNEL OFFICER	

 DIVISION HEAD	 DATE	OB Copeland DEPARTMENT HEAD	1-13-12 DATE	APPROVE <input checked="" type="checkbox"/> DISAPPROVE <input type="checkbox"/> CITY MANAGER	1-13-12 DATE
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2 CIVIL SERVICE	CANDIDATES					
	1	Casey Gillette	3			
	2		4			
		Debbie Korench CERTIFIED BY SECRETARY-CHIEF EXAMINER		9/13/12 DATE		

3	EMPLOYEE NO. 7467 NAME Gillette, Casey	RECOMMENDED: HIRE <input checked="" type="checkbox"/> TERMINATE <input type="checkbox"/> CHANGE <input type="checkbox"/>
---	--	--

4 EMPLOYEE DATA												
	ADDRESS				HOME PHONE		CYCLE		RET.		STATUS	
	CITY				STATE		ZIP CODE		SOCIAL SECURITY NUMBER		4/10 SEWER	
	CITY				STATE		ZIP CODE		SOCIAL SECURITY NUMBER		MAR. ST. EXEMPTS	
10-1-12 HIRE DATE		 LEAVE CALC. DATE		 REVIEW DATE		 BIRTH DATE		10-1-12 EFFECTIVE DATE				

5 TERMINATION	REASON FOR TERMINATION	
	REHIRE? YES NO REMARKS	REQUEST RESIGN ACKNOW.
	EMPLOYEE SIGNATURE	

6 SALARY CHANGE OR TRANSFER	 DIVISION	 CLASS	 POSITION	 STEP	 SALARY	 DIVISION	 CLASS	 POSITION	 STEP	 SALARY
	REASON									

7 APPROVALS	DIVISION HEAD	DATE	CITY MANAGER	DATE	NEW HIRE 1. DIVISION HEAD FILLS OUT SECTION 1 AND SIGNS. 2. ROUTE TO DEPARTMENT HEAD FOR SIGNATURE. 3. ROUTE TO CITY MANAGER FOR APPROVAL. IF APPROVED..... 1. CIVIL SERVICE COMMISSION CERTIFIES TOP CANDIDATES. 2. DIVISION HEAD RECOMMENDS CANDIDATE FOR HIRE (CHECK HIRE) 3. DIVISION HEAD FILLS OUT SECTION 4 AND SIGNS IN SECTION 7. 4. ROUTE FOR SIGNATURES IN SECTION 7 AND ON TO PAYROLL. TERMINATION 1. DIVISION HEAD FILLS OUT RECOMMENDATION IN SECTION 3 (CHECK TERMINATE). 2. FILL OUT SECTION 5 AND HAVE EMPLOYEE SIGN. 3. ROUTE FOR SIGNATURES IN SECTION 7 AND ON TO PAYROLL. CHANGE 1. DIVISION HEAD FILL OUT RECOMMENDATION IN SECTION 3 (CHECK CHANGE). 2. FILL OUT SECTION 6. 3. ROUTE FOR SIGNATURES IN SECTION 7 AND ON TO PAYROLL. *****NOTE-----EFFECTIVE DATE MUST BE THE SAME OR LATER THAN CITY MANAGER APPROVAL DATE (SEE SECTION 4)
	DEPARTMENT HEAD	DATE	PERSONNEL OFFICER	DATE	
	10-11-12 R33				
			FINANCE OFFICER	DATE	

COY 04828

**CITY OF YAKIMA
CIVIL SERVICE
CERTIFICATION LIST**

RECRUITMENT NO: 6122-O
CLASSIFICATION: POLICE OFFICER LATERAL ENTRY

Date Certified: September 13, 2012
To: Dominic Rizzi
Hiring Department: 031, POLICE

Under the Civil Service Rules for the City of Yakima, the following name(s) are certified for appointment consideration. They meet the minimum appointment qualifications for the class and are listed in alphabetical order.

Please interview each candidate and return this form to me with your selection at your earliest convenience by submitting a completed Personnel Action Request form.

Debbie Korevaar, Chief Examiner

Key for Interview Results:

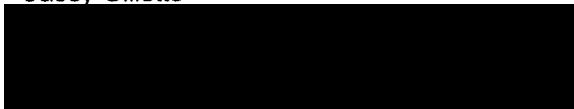
HR = Hired
INH = Interviewed, Not Hired
FTA = Failed to Appear for Interview

DNR = Did Not Respond
W = Waived Interview/Appointment
DQ = Disqualified (Police/HR only)

Action

Start Date

Casey Gillette



HR

10-1-12



NOTICE OF OFFICER HIRE / SEPARATION

IN ACCORDANCE WITH [WAC 139-05-200](#) and [RCW 43.101.135](#)

THIS FORM MUST BE SUBMITTED TO THE WSCJTC WITHIN **15 DAYS** OF HIRE OR SEPARATION.

MAIL TO: 19010 1ST AVE. S., BURIEN, WA 98148 or FAX TO: 206/835-7928

HIRE	SEPARATION
AGENCY: <u>Yakima Police Dept.</u>	AGENCY:
PEACE OFFICER'S NAME: <u>Casey L. Gillette</u>	PEACE OFFICER'S NAME:
DATE OF BIRTH (MM/DD/YY): <u>[REDACTED]</u> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	DATE OF BIRTH (MM/DD/YY): <input type="checkbox"/> Female <input type="checkbox"/> Male
SOCIAL SECURITY NUMBER: <u>[REDACTED]</u>	SOCIAL SECURITY NUMBER:
HIRE DATE (MM/DD/YY): <u>10-1-2012</u>	HIRE DATE:
AS A CONDITION OF HIRE, THE APPLICANT MUST HAVE MET REQUIREMENTS SET FORTH BY RCW 43.101.095 & 43.101.080. CJ FORM 1252 MUST ACCOMPANY THIS FORM.	SEPERATION DATE:
PREVIOUS LAW ENFORCEMENT EMPLOYER(S): 1. <u>Toppenish Police Dept.</u> 2.	REASON FOR SEPARATION: <input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated/Involuntary <input type="checkbox"/> Medical <input type="checkbox"/> Deceased <input type="checkbox"/> Laid off <input type="checkbox"/> Resigned in lieu of termination <input type="checkbox"/> Retired in lieu of termination
DATES EMPLOYED (FROM/TO): 1. <u>11-1-2009</u> 2.	
<u>This section MUST be completed when reporting a separation.</u> Is this agency aware of conduct that may violate RCW 43.101.105 ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Section 43.101.010 of the Revised Code of Washington: <input type="checkbox"/> (8) "Discharged for disqualifying misconduct" means terminated from employment for (a) Conviction of (i) any crime committed under color of authority as a peace officer, (ii) any crime involving dishonesty or false statement within the meaning of Evidence Rule 609(a), (iii) the unlawful use or possession of a controlled substance, or (iv) any other crime the conviction of which disqualifies a Washington citizen from the legal right to possess a firearm under state or federal law; (b) conduct that would constitute any of the crimes addressed in (a) of this subsection; or (c) knowingly making materially false statements during disciplinary investigations, where the false statements are the sole basis for the termination. <input type="checkbox"/> (9) A peace officer is "discharged for disqualifying misconduct" within the meaning of subsection (8) of this section under the ordinary meaning of the term and when the totality of the circumstances support a finding that the officer resigned in anticipation of discipline, whether or not the misconduct was discovered at the time of resignation, and when such discipline, if carried forward, would more likely than not have led to discharge for disqualifying misconduct within the meaning of subsection (8) of this section.	
Employee's last known mailing address <u>and</u> phone number:	
Agency investigative contact person (Name, title, phone number, and email):	
I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge. <u>Appointing official's name and title</u> (please print): <u>Dominic Rizzi, Jr. Chief of Police</u> <u>Email address:</u> <u>dominic.rizzi@yakima.wa.gov</u>	
<u>Signature of above</u> <u>1033</u>	<u>Date</u> <u>10-11-12</u>

State of Washington
Department of Retirement Systems
ENROLLMENT FORM

Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380
Toll Free: 1-800-547-6657
Local: 360-664-7000
TDD: 360-586-5450
Return completed form to your employer

Instructions: Complete this form if you are a new member of LEOFF or WSPRS; are returning to a LEOFF or WSPRS eligible position; or are a PERS elected or Governor appointed official; a city manager; or a chief administrative officer of a court, port district, or public utility district. Plan 3 members must complete a Member Information form. All plan members must complete a Beneficiary Designation form.

Section 1: Personal Data - To Be Completed by Member and Returned to Employer

[Redacted]										<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Female					
Social Security Number (See back of form)																	
G I L L E T T E																	
Last Name																	
C A S E Y																	
First Name																	
L E E																	
Middle Name										Maiden Name							
[Redacted]																	
Mailing Address																	
[Redacted]										[Redacted]		[Redacted]					
City										State		Zip Code		(+4 Optional)			
[Redacted]										[Redacted]		[Redacted]		[Redacted]			
Date of Birth										Home Phone Number				Work Phone Number			

I hereby certify that all of the information I have entered on this form is true and complete.

Signature of Employee: [Signature] Date: 10/17/2012

Section 2: To Be Completed by Employer and Returned to DRS

Reporting Group: A O I O P		First Date of Employee Eligibility: 10 01 20 12		<input type="checkbox"/> WSPRS <input type="checkbox"/> PERS		<input type="checkbox"/> Plan 1 <input type="checkbox"/> Elected Official	
				<input checked="" type="checkbox"/> LEOFF <input type="checkbox"/> TRS		<input checked="" type="checkbox"/> Plan 2 <input type="checkbox"/> Gov-Appointed Official	
				<input type="checkbox"/> Other Plan		<input type="checkbox"/> Plan 3 <input type="checkbox"/> City, County, port district or PUD Manager or Administrator	
				Retirement System - check one		Plan	
						Special Empl. Type	

Employee Position Title: L A T E R A L P O L I C E O F F I C E R

Print or type employer name and mailing address below:

[Redacted]

I hereby certify that all of the information entered on this form is true and complete and that the employee's Social Security Number has been verified.

Print Name: Terri Croft
Title of Personnel or Payroll Representative: Admin Asst
Phone Number: (509) 575-6178
Signature: [Signature]

Enrollment Form

Return completed form to your employer. Fillable version available online at hraveba.org. Direct deposit enrollment on reverse.



TO BE COMPLETED BY EMPLOYER: Employer ID No. _____ Employer Name: _____

Enrolling employee is: ☐ Active or ☐ Separating/retiring on _____ (Date). You may specify this enrolling employee's participant effective date, provided such date is not prior to September 1, 2010 and not prior to the employee's hire date. If no date is specified, the employee shall become a participant when a completed and signed Enrollment Form and contribution have been received by the third-party administrator.

Participant Effective Date (optional): _____ Authorized Employer Signature: _____

1. EMPLOYEE, SPOUSE, DEPENDENT INFORMATION

NOTE: Your spouse and qualified children and dependent(s) are automatically covered under this plan. Federal law requires the third-party administrator to have on file the full name, Social Security number, gender, and date of birth of all covered individuals. List any additional dependents on an attached sheet of paper.

First Name	Middle Initial	Last Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Social Security Number
Employee Casey L Gillette	L	GILLETTE	M		
Spouse					
Child/Dependent 1					
Child/Dependent 2					
Child/Dependent 3					

2. EMPLOYEE CONTACT INFORMATION

E-mail address (home or personal recommended) Casey.gillette@yakima.wa.gov Area code and phone number _____

Mailing address _____ City _____ State _____ Zip _____

3. INVESTMENT SELECTION

Select and complete **OPTION A** or **OPTION B**, but not both. If you make no selection, your entire account will be allocated to the Stable Value fund. You should carefully read the Investment Fund Information brochure included with this enrollment kit (also available online). More information is contained on reverse.

☐ **OPTION A: Do-it-yourself.** If you want to choose your own fund(s), select and complete Option A only. Use whole numbers—no fractions.

Asset Class / Fund Name	Allocation %
Stable Value / Dwight Separate Account	_____ %
Total Return Bond / PIMCO Total Return Institutional	_____ %
Balanced / Vanguard Balanced Index Institutional	_____ %
Large Cap Equity / Vanguard Institutional Index (S&P 500)	_____ %
Mid Cap Equity / Rainier Mid Cap	_____ %
Small Cap Equity / Champlain Small Company	_____ %
International Equity / Artio International Equity II	_____ %

Total must equal 100%

☐ Yes. Rebalance my allocation percentages at the end of each calendar year.

NOTE: Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file with the third-party administrator (TPA). If selected, this option will continue until revoked online or via written notice to the TPA.

☒ **OPTION B: Choose a pre-mix.** If you want an asset allocation strategy created by investment professionals, select and complete Option B only. Choose only one pre-mix. Multiple choices cannot be processed. Pre-mix investment allocation percentages on reverse. Quarterly rebalancing is automatic.

Pre-mix name (target time horizon / risk level)

- ☐ Immediate Use (within 1 year / conservative)
- ☐ Short-term Use (within 2-3 years / moderately conservative)
- ☐ Medium-term Use (within 4-5 years / moderately aggressive)
- ☒ Long-term Use (within 6+ years / aggressive)

NOTE: You can file claims at anytime after becoming claims-eligible no matter which pre-mix you choose. The target time horizon represents the length of time until you expect to begin using your account. The risk level of each pre-mix is designed with strong consideration to the portfolio's target time horizon.

4. HOLD HARMLESS AGREEMENT AND REQUIRED SIGNATURE

"I hereby become a Participant of the HRA VEBA plan. I realize that the parties involved in this Plan (including, but not limited to the Plan, my employer, my bargaining representative, the Trustees, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan and its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty, assessment, or other amount which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith. I have received, reviewed and understand the plan and investment information provided in the Basic Plan Information and Investment Fund Information brochures."

Signed this 3 day of OCTOBER, 2012 X [Signature]
Day Month Year Signature of Employee/Participant



quick | Enrollment Form

457 Deferred Compensation Plans



- Please review the form instructions for important information.
- Carefully complete all sections of this form in blue or black ink.
- Submit the completed form to your employer to enroll in the ICMA-RC 457 deferred compensation plan.

1. PERSONAL INFORMATION

Employer Plan Number: **30** Employer Plan Name: _____

Social Security Number (For tax reporting purposes)

Date of Birth

Date Employed/Rehired

Rehired?

Name

GILLETTE

CASEY

Last

First

All

Street

City

State

Zip

Daytime Phone

Evening Phone () -

Gender:

☒ M

☐ F

Marital Status:

Email

Casey.gillette@yakima.wa.gov

2. INVESTMENT SELECTION

By signing this form, you are electing to invest your contributions in the Milestone Fund with the target date closest to the year in which you reach age 60 (or alternate retirement age selected by your plan). Please note that after your account has been established, you are able to make changes to your investments at any time.

3. CONTRIBUTION ELECTION

Specify the total percentage or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is signed.

(Select one option only) Pre-tax deferrals of **9.5** % or \$ _____ from my pay each pay period.

☐ 1% ☐ 3% ☒ 5% ☐ 15% **OR** ☐ \$20 ☐ \$50 ☐ \$100

4. BENEFICIARY DESIGNATION

Please use whole percentages only (e.g., 50%, not 33 1/3%) and be sure the "% of Benefit" column totals 100%. The beneficiary's relationship to you can be: spouse, non-spouse, trust, or charity.

Primary Beneficiaries:

Name	Date of Birth	Relationship to You	Social Security Number	% of Benefit
------	---------------	---------------------	------------------------	--------------

Contingent Beneficiaries:

Name	Date of Birth	Relationship to You	Social Security Number (For tax reporting purposes)	% of Benefit
------	---------------	---------------------	--	--------------

If you wish to designate more than two (2) primary and/or contingent beneficiaries, write "see attached" in this section and attach a separate document with the additional beneficiary(ies) information. The document should also include your Social Security Number, printed name, signature and date.

5. SIGNATURES

Sign, date, and submit the completed form to your employer.

Employee Signature

Date

10/03/2012

Authorized Employer Official's Signature

Date

Authorized Employer Official's Name (Please print)

Authorized Employer Official's Title



CITY OF YAKIMA

Benefit Enrollment & Change Form

Medical/Dental/Vision/Prescription/Section 125 Election

Employee Information	Last Name		First Name		MI	Gender	Marital Status		
	GILLETTE		CASEY		L	<input checked="" type="checkbox"/> M <input type="checkbox"/> F			
	Social Security Number		Birthdate		Home Phone		Cell Phone		
							I SAME		
Home Address		City		State		Zip		Employee #	Date of Hire
								7467	10/01/2012

Dependent Information	Proof of Dependent Eligibility is Required. Please provide a copy of a Marriage/Birth Certificate, Court Order, or the State Registration for a Domestic Partner.						
	Name (Last, First, MI)		Social Security Number	Birthdate	Gender	Relationship to Employee	Add / Drop
			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Drop
			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Drop
			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Drop
			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Drop
			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Add <input type="checkbox"/> Drop
Pre-existing condition limitations required by this Plan will be reduced by qualifying periods of creditable coverage. Please attach a Certificate of Creditable Coverage for yourself and any enrolled dependents to reduce those limitations. If you do not have a Certificate, please contact your prior carrier and they will send one.							

Other Coverage	Please complete the following information if you or any dependent listed is covered under another health plan:				
	List of Covered Individuals	Carrier Name & Phone Number	ID/Policy Number	Effective Date	Coverage (Medicare, Medical, Dental, Vision):
	List of Covered Individuals	Carrier Name & Phone Number	ID/Policy Number	Effective Date	Coverage (Medicare, Medical, Dental, Vision):
	List of Covered Individuals	Carrier Name & Phone Number	ID/Policy Number	Effective Date	Coverage (Medicare, Medical, Dental, Vision):

Life Insurance	You may list one or more beneficiaries. If listing multiple beneficiaries, please indicate the percentage of benefit. Total percentage must equal 100%		
	Beneficiary Name & Address	Relationship	Percentage
	Contingent Beneficiary Name & Address	Relationship	Percentage
	Contingent Beneficiary Name & Address	Relationship	Percentage

Section 125	<input type="checkbox"/> Yes, I would like to participate in the Section 125 Plan. I request and authorize the City to reduce my taxable salary by \$ _____. I have received a copy of the Summary Plan Description. I understand that the salary reduction agreement cannot be changed during the Plan year except for changes in my family status as described in the Summary Plan Description. I also understand that by offering this Plan, the City has provided no tax advice to me. I agree to hold the City harmless for any liability including taxes or assessments that may be imposed by the Internal Revenue Service due to interpretations or changes in the laws governing these Plans. I understand my election to reduce my cash compensation under the 125 Plan will reduce my reported Social Security wages. I also understand that any premium (rate) changes for my benefit package will automatically change the amount of my salary reduction. Signature: _____
	<input checked="" type="checkbox"/> No, I would not like to participate in the Section 125 Plan and decline enrollment at this time. Signature: _____

Acceptance	This Application is made for benefits under the City of Yakima Employee Health Care Plan for which I am eligible. Authorization is granted to deduct from my wages any premiums required to participate. I certify the above information to be correct and true to the best of my knowledge and that those listed as dependents qualify as such under the terms of the Plan. I understand that all entitlements to benefits are void, and coverage may be canceled or modified retroactively to its effective date if I have made intentionally false or misleading statements or answers on behalf of myself or any family member. I authorize any person or institution providing care or services, or any organization in possession of insurance benefit information to release any and all information pertaining to the care or benefits provided to me or my dependents to EBMS or its designated agent. This form replaces all previous forms and submissions I have made for the City of Yakima health plan.	
	Applicant Signature: _____	Date: 10/01/2012

Please complete the reverse side of this form if you are already enrolled in the City of Yakima Health Plan and wish to make changes.

Change in Coverage

- ☐
- Bargaining Unit/Location Change

- Reason:

- Reason:

If adding Spouse, Date of Marriage: ____/____/____

If adding Dependent Child due to adoption, court order or legal guardianship, you must provide legal documentation.

- ☐
- Returning from Leave of Absence Effective: ____/____/____

- ☐ Transferring from Active to Retiree Plan Effective: ____/____/____

Notes / Additional Information

Employer Section

Location Number: _____ Transfer From Location # _____ to # _____ Occupation: _____

- ☐ Termination - Date: ____/____/____ Reason for Termination: _____

☐ Other: _____

Type of Dependent Eligibility Documents Provided: _____

Dependent Eligibility Verified by: _____

Data Entered into Payroll: / / by: Date Enrolled Online: / /



MEMBER/RETIREE BENEFICIARY DESIGNATION

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

Important: Please read instructions carefully before completing this form. Return form to DRS, not to your employer.

Check one:	<input type="checkbox"/> Public Employees'	<input type="checkbox"/> School Employees' (non-teachers)	<input type="checkbox"/> State Patrol
<input type="checkbox"/> Judicial	<input type="checkbox"/> Teachers'	<input checked="" type="checkbox"/> Law Enforcement Officers' & Fire Fighters'	<input type="checkbox"/> Public Safety Employees'

Member/Retiree Information

Name (Last, First, Middle) GILLETTE CASEY LEE		Social Security Number [REDACTED]	
Mailing Address [REDACTED]		City [REDACTED]	State ZIP [REDACTED]
Daytime Phone Number [REDACTED]		E-mail Address [REDACTED]	

Beneficiary Designation* - You must designate at least one primary beneficiary; do not designate yourself. If you make a mistake, initial next to your actual designation.

Designation	Beneficiary Information		Relationship			
Must check one <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization [REDACTED]		[REDACTED]	Mailing Address [REDACTED]		
	Social Security Number [REDACTED]	Date of Birth [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address		
	Social Security Number	Date of Birth		City	State	ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address		
	Social Security Number	Date of Birth		City	State	ZIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address		
	Social Security Number	Date of Birth		City	State	ZIP

*If you are naming more than four beneficiaries please attach a separate sheet that is signed, dated and witnessed.

COY 04836

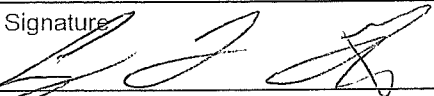
Beneficiary Designation for One-Time Duty-Related Death Benefit

☒ I designate the Beneficiary(ies) listed on page one.

Designation	Beneficiary Information		Relationship	
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address
	Social Security Number	Date of Birth		City State ZIP
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address
	Social Security Number	Date of Birth		City State ZIP
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization			Mailing Address
	Social Security Number	Date of Birth		City State ZIP


Signature Required – MUST complete in full.

I, Casey L Gillette, (print name) direct that any monies related to my account, unless otherwise specified or required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

Signature 	Date 10/03/2012
--	--------------------

Witness Required – MUST be completed by a person, other than a beneficiary, who witnesses the member's/ retiree's signature.

I, Teri Croft, (print witness name - cannot be a beneficiary) witness that the above named member/retiree signed this document.

Signature 		Date 10-3-12	
Mailing Address 200 S. 3rd St.			
City Yakima	State WA	ZIP 98901	

If you have insurance coverage through the Washington State Public Employees Benefits Board (PEBB), we may share your information with PEBB to better serve you.

- Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.
- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
 - DRS will not disclose your Social Security number unless required by law.
 - Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.

COY 04837

Beneficiary Designation

Toll Free: 1-800-547-6657

Local: 360-664-7000

TDD: 360-586-5450

Check one only: ☐ PERS ☐ TRS ☐ LEOFF ☐ WSPRS ☐ SERS ☐ JRS

Instructions: Please type or print in dark ink and return completed form to DRS. Use this form to designate or change your beneficiary(ies) with the retirement system indicated above. The designated beneficiary(ies) will receive any monies due at the time of your death. If you have money in more than one retirement system, you must complete a separate form for each system.

If you are a survivor of a retiree, please list the retiree's name and Social Security Number.

Retiree's Last name	First name	Middle name	Retiree's Social Security Number
---------------------	------------	-------------	----------------------------------

Section One: Member/Retiree/Survivor Information

Last name	First name	Middle name	Social Security Number
GILLETTE	CASEY	LEE	
Mailing address		City	State Zip
Telephone Number (Daytime)	Telephone Number (Evening)	Are you retired with DRS?	
	SAMPLE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section Two: Beneficiary Designation -- You must designate at least one primary beneficiary.

Your designated primary and contingent beneficiary(ies) may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form. For each beneficiary, check whether you wish to make that person or entity a primary or contingent beneficiary. When naming a person, always show given names. For example: MARY K. DOE (not Mrs. Robert Doe).

You may designate more than one beneficiary. If you do, the funds will be divided equally among all named beneficiaries unless otherwise specified or required by law. Your primary beneficiary(ies) will receive any monies in your account at the time of your death. If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive the distribution.

Designation	Full name of persons or estate (trusts below)	Relationship	Address
Primary <input checked="" type="checkbox"/>	Social Security #: Date of Birth:		Street City State Zip
Primary Contingent <input type="checkbox"/> <input type="checkbox"/>	Social Security #: Date of Birth:		Street City State Zip
Must check one			
Primary Contingent <input type="checkbox"/> <input type="checkbox"/>	Social Security #: Date of Birth:		Street City State Zip
Must check one			
Designation	Trust or organization (attach documentation)	Trustee or Administrator	Address
Primary Contingent <input type="checkbox"/> <input type="checkbox"/>	Tax ID #:		Street City State Zip
Must check one			

Important: Your beneficiary designation may be limited by your specific retirement plan, see your plan handbook for details. Your designation will be invalidated by marriage, divorce, or reestablishment of membership following withdrawal or retirement. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

Section Three: Beneficiary Designation for \$150,000 Death Benefit

If your death occurs as a result of injuries sustained in the course of employment, a \$150,000 death benefit is available. Eligibility for this benefit is determined by the Department of Labor and Industries. You may designate the same beneficiary(ies) listed in Section Two by checking the box by the statement below - OR - you may designate a new beneficiary by completing the requested information. If you designate more than one beneficiary for the \$150,000 benefit, it will be divided equally among the named beneficiaries unless otherwise specified or required by law. If there is no designated beneficiary still living at the time of your death, the death benefit will be paid to your surviving spouse. If there is no surviving spouse, the benefit will be paid to your legal representative.

Note: JRS members and survivors of all retirement systems are NOT eligible for this benefit and should NOT complete Section Three.

☒ I designate the beneficiary(ies) named in Section Two to be the same beneficiary(ies) eligible for the \$150,000 death benefit.

Designation	Full name of persons or estate (trusts below)	Relationship	Address
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
<input type="checkbox"/> <input type="checkbox"/>	Social Security #	Date of Birth: - -	City State Zip
Must check one			
Designation	Trust or organization (attach documentation)	Trustee or Administrator	Address
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
<input type="checkbox"/> <input type="checkbox"/>	Tax ID #		City State Zip
Must check one			

Section Four: Signature -- MUST complete in full. If the signature can only be made by mark, it must be witnessed by two persons who sign the form. The two witnesses must sign in the witness section and initial in the certification section if marked with an "X."

I, CASEY L GILLETTE, hereby direct that any monies related to my account, unless otherwise specified or
(print name in dark ink)

required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

[Signature]
Signature

10/01/2012
Date

Section Five: Witness -- MUST be completed by a person, other than a beneficiary, who witnesses the member's signature. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign this section. A beneficiary cannot sign as a witness.

I, Terri Croft, am witness that the above named member completed and signed this document.
(print witness name - cannot be beneficiary - in dark ink)

[Signature]
Signature

10-1-12
Date

200 S. 3rd St.
Street

Yakima WA 98901
City State Zip

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

Retirement Status Form*

Employee Name Casey L Gillette SSN [REDACTED]

Retirement Status

Have you ever been a member of a Washington State Retirement System? Yes ☒ No ☐

If yes, what system and plan?

Teachers' Retirement System Plan 1 ☐ Plan 2 ☐ Plan 3 ☐

Public Employees' Retirement System Plan 1 ☐ Plan 2 ☐

Law Enforcement Officers' and Fire Fighters' Retirement System Plan 1 ☐ Plan 2 ☒

Washington State Patrol Retirement System ☐

Judicial Retirement System ☐

Do not know ☐

Other _____

Have you withdrawn your retirement contributions? Yes ☐ No ☒ N/A ☐ Do not know ☐

Have you ever retired from one of the above Washington State Retirement Systems? Yes ☐ No ☒

Did you retire from State service under the Early Retirement Acts of 1992 or 1993? Yes ☐ No ☒

[Signature] Employee Signature 10/01/2012 Date

Completed form to be filed in employee's file.

* RCW 41.50.139 requires employers to solicit this information from all new employees.

COY 04840

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2012	
1 Your first name and middle initial <i>Casen</i>		Last name <i>BILLETTE</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 [REDACTED] but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>			
[REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		0	
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2012, 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		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ► <i>[Signature]</i>				Date ► <i>10/01/2012</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

YAKIMA POLICE PATROLMAN'S ASSOCIATION

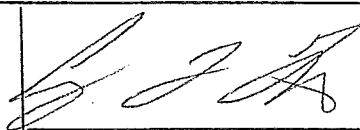
Authorization for Payroll Deduction

By: GILLETTE Casey Lee
Please Print: Last Name First Name Middle Name

To: City of Yakima Finance Director

Effective 10/01/2012, I hereby request and authorize you to deduct from my earnings, the current initiation fee being charged by the Yakima Police Patrolmans Association and effective the same date to deduct from my earnings each month a sufficient amount to provide for the regular payment of the current rate of monthly dues, as certified by the Yakima Police Patrolmans Association. The amount to be deducted shall be paid to the treasurer of the Yakima Police Patrolmans Association. This authorization shall remain in effect unless terminated by me upon sixty (60) days written notice to the Association in advance or upon termination of my employment.

This space reserved for additional information when required.



Employee's Signature

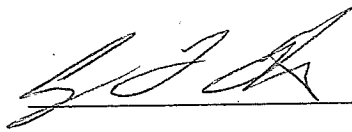
Street Address

City and State

To: Finance Officer
City Hall
Yakima, WA 98901

I, the undersigned, hereby authorize you to deduct ten dollars (\$10.00) from my paycheck each month, until further notice from me, and transmit same to Washington State Council of Police Officers.

Signed:



Employee #

7467

Date:

10/01/2012

Life Insurance Company of North America
Philadelphia, PA



CIGNA Group Insurance
Life • Accident • Disability

EMPLOYER USE: In order to process this enrollment form, the employer must complete this information.

POLICYHOLDER _____ Washington Council of Police & Sheriffs POLICY NOS. FLX-960966 / OK-961005 / LK-960821
DATE EMPLOYED ____/____/____ EMPLOYER NAME _____ EFFECTIVE DATE OF INSURANCE ____/____/____
OCCUPATION _____ HOURS WORKED FOR THIS EMPLOYER(not including overtime) _____
BASE MONTHLY EARNINGS FROM THIS EMPLOYER \$ _____ VERIFIED BY: _____
REASON FOR REQUEST: ☐ NEW HIRE ☐ LATE ENTRANT ☐ BENEFICIARY CHANGE.

MEMBER SECTION

☒ Mr. ☐ Mrs. ☐ Ms. (Check One)

☐ Mr. ☐ Mrs. ☐ Ms. (Check One)
 Member Name Casey L. Gillette Social Security # [REDACTED] Birthdate [REDACTED]
 Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]
 Work Phone () [REDACTED] Home Phone [REDACTED] Sex: ☒ M ☐ F

Important: You must complete the medical questions on the term life change form if you apply for life insurance: as a newly hired employee more than 31 days after you are eligible to elect benefits.

BENEFICIARY

To ***specify a beneficiary for life and AD&D insurance***, complete the section below. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

NOTE: Read reverse side of form before completing this section. Beneficiary designation is not valid unless this form is signed and dated.

<i>Insured</i>	<i>Beneficiary</i>	<i>Percentage</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Relationship</i>
Employee	[REDACTED]			[REDACTED]	

ACCEPTANCE/DECLINATION

I apply for insurance under the Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the cost of my insurance.

Signature _____

Date 10 101 12012

Please Sign Here

Group Administrator — Send this form to:
TPSC
P.O. Box 1894
Tacoma, WA 98401

Be sure to make a copy of your enrollment form for your own records.

COY 04844

* * * Communication Result Report (Nov. 9. 2012 2:41PM) * * *

Fax Header)

Date/Time: Nov. 9. 2012 2:40PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1919 Memory TX	912535645881-3433411	P. 2	OK	

Reason for error

- E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

- E. 2) Busy
E. 4) No facsimile connection



**City of Yakima
Police Department**
Samuel Granato, Chief of Police

200 South Third Street
Yakima, Washington 98901
Telephone: (509) 575-6200 • Fax (509) 575-6007



Yakima Police Department
Administration

Fax (509) 575-3003

Date: 11-9-12

To: Sylvia Duxlee

Telephone (fax): (253) 564-5881

From: Terri Green Croft

Telephone (contact #): 509-575-6178

Transmittal consist of page(s) including this cover letter. 2

Sender's Name:

The information contained in this facsimile message is privileged and confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee of agent responsible to deliver it to the intended recipient, you are hereby notified that dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (509) 575-6200, and return the original to us at the Yakima Police Department at 200 S. 3rd St, Yakima, WA 98901, via the US Postal Service. Thank You.

Comments:

Here is the enrollment form for Casey Gillette. I may not have sent it to you - I can't tell if what I have in my file is an original or a copy.



COY 04845

PAYROLL DEDUCTION AUTHORIZATION

NAME Casen, L Gillette EMPLOYEE NO 7467 DEPT NO 031
ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] PHONE [REDACTED]
.....

I hereby authorize the City of Yakima to make the necessary payroll deductions for LEOFF II Disability Insurance and remit same to TRUSTEED PLANS SERVICE CORP., PO BOX 1894, Tacoma, WA 98401.

SIGNATURE [Signature] DATE 10/01/2012

SAFETY ORIENTATION CHECKLIST

EMPLOYEE NAME: Casey Gillette
 JOB ASSIGNMENT: Lateral Police Officer Date Hired 10-1-12

Circle One:

New Employee

Transfer

Rehire

Promotion

- BC 1. Purpose of orientation
- BC 2. Reporting accidents to supervisor immediately
- BC 3. First Aid
- A. Obtaining treatment
- B. Location of facilities
- C. Location of names of first aiders
- P/A 4. Potential hazards on-the-job and in-the-plant.
- A. What they are
- B. How to use safely
- C. Care and use of personal protection equipment
- D. Location and use of protective masks
- BC 5. What to do in event of emergency
- A. Exists location and evacuation routes
- B. Use of fire fighting equipment (extinguishers, hose)
- C. Specific procedures (medical, chemical, fire, etc.)
- BC 6. The total safety program
- A. Function of safety committee and meetings
- B. Introduce to safety committee representative
- C. Safety policy and rules and their value
- BC 7. Personal work habits
- A. Proper lifting technique
- B. Horseplay, good housekeeping, smoking policy
- C. Safe work procedure
- BC 8. Vehicle safety
- H/R 9. Hazard Communication Training

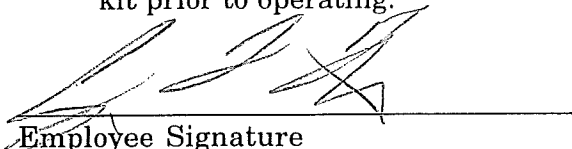
I have instructed this employee on the items checked and the safe performance of assigned duties.

Date 10-1-12 Supervisor [Signature] Employee [Signature]

EMPLOYEE RESPONSIBILITIES

As an employee of the City of Yakima, I am responsible to:

1. Observe all city safety and health rules and apply the principles of accident prevention in my day-to-day duties.
2. Report any job-related injury, illness or property damage to my supervisor and seek treatment promptly.
3. Report hazardous conditions (unsafe equipment, floors, material) and unsafe acts to my supervisor or safety committee representative promptly.
4. Observe all hazard warning and no smoking signs.
5. Keep aisles, walkways and working areas clear of slipping/tripping hazards.
6. Know the location of fire/safety exits and evacuation procedures.
7. Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
8. Not report to work under the influence of alcoholic beverages or drugs nor consume them while on city premises or during working hours.
9. Refrain from fighting, horseplay, or distracting my fellow workers.
10. Remain in my own area unless I am instructed otherwise.
11. Operate only the equipment for which I am authorized and properly trained. Observe safe operating procedures for this equipment.
12. Walk at all times on city premises (no running) and take no unauthorized short cuts.
13. Follow proper lifting procedures at all times.
14. Ride as a passenger on a vehicle, only if it is equipped with a rider's seat.
15. Be alert to see that all guards and other protective devices are in their proper places and in proper working conditions prior to operating equipment.
16. Actively support and participate in the city's efforts to provide a safety and health program.
17. Make sure that my vehicle is properly equipped with a fire extinguisher and first aid kit prior to operating.



Employee Signature

B-PERSNL
PERSNI P12
reprinted 4/25/00



Date

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name Casey L Gillette

Employee ID# [REDACTED]

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee [Signature]

Date 10/01/2012

Casey Gillett

NAME (NOMBRE)

7467

PAYROLL IDENTIFICATION (NÚMERO DE IDENTIFICACIÓN EN NÓMINA)

United
Way



United Way
of Central Washington

116 South 4th St.
Yakima, WA 98901

I Pledge \$ 0 Per Pay Period.

Yo me comprometo \$ 0 Por Cada Pago.

SIGNATURE (FIRMA)

10/01/2022

DATE (FECHA)

United Way of Central Washington does not provide goods or services in consideration
for contributions to United Way payroll deduction

LIVE UNITED



COY 04850

LInX Northwest Access Agreement

Policy for Law Enforcement Agencies

TO: LInX Northwest Users

The LInX Northwest system is an electronic criminal justice information sharing system containing crime and incident data from various Federal, State, and Local Law Enforcement Agencies.

This system is limited to use by authorized law enforcement employees as part of official law enforcement investigations.

The Code of Federal Regulations (CFR) Part 20.3(g), defines "criminal justice agency" as "(1) Courts; [or] (2) a governmental agency or any subunit thereof which performs the administration of criminal justice pursuant to a statute or executive order, and which allocates a substantial part of its annual budget to the administration of criminal justice." Section 20.3(b) defines the term "administration of criminal justice" by stating that "the administration of criminal justice means performance of any of the following activities: detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders."

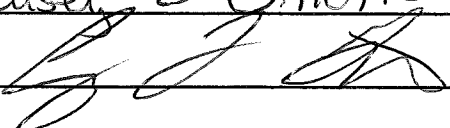
The Privacy act of 1974 and the Computer Fraud and Abuse Act of 1986 are two federal statutes affording criminal and civil liability for violations of privacy and security provisions relating to the use of LInX.

Sanctions for the misuse or unlawful dissemination of information obtained via the LInX system may result in any combination of the following: a warning letter to the user and agency advising of the possibility of revocation of LInX access, revocation of the individual user's access to LInX and revocation of the violator's agency's access to LInX. Furthermore, the State of Washington has specific laws, which criminalize or provide civil liability for misuse/unauthorized dissemination of LInX information.

It is imperative that each user of LInX acknowledge their receipt of this information and accept responsibility and potential consequences which could be imposed for misuse.

I certify I have read and acknowledge the LInX policy for use and dissemination of law enforcement crime and incident data and the sanctions for misuse.

Name Casen L Gillette Date 10/01/2012

Signature 



City of Yakima
Police Department

200 South Third Street
Yakima, Washington 98901

Telephone: (509) 575-6200 • Fax (509) 575-6007



7467

September 14, 2012

Mr. Casey Gillette
[REDACTED]

Dear Mr. Gillette:

We are pleased to inform you that you have met the necessary requirements for employment as a probationary Lateral Police Officer with the Yakima Police Department.

Your effective date of appointment will be October 1, 2012. Please report to the Chief's office Monday, October 1, 2012 at 9:00 a.m. for in-processing. Please ensure you bring your Washington State Driver's License and Social Security Card with you for in-processing. Additionally, please review and bring with you the enclosed statement that the position being offered to you is not covered by Social Security. You will also need to provide birth dates, social security numbers and proof of dependency (birth certificate, tax return, etc.) on any beneficiaries you may have at the time of your in-processing. If possible, please obtain and bring a Certificate of Creditable Coverage from your current insurance company. Please contact Terri Croft at (509) 575-6178 if you have any questions regarding the necessary paperwork for in-processing.

Congratulations and welcome to the Yakima Police Department.

Sincerely,

Dominic Rizzi, Jr.
Chief of Police

tsc

c: Capt. Schneider
Sgt. Chad Stephens, Training Officer
Human Resources
Department File



COY 04852

Croft, Terri

From: Bissell, Karen
Sent: Friday, August 03, 2012 11:58 AM
To: Croft, Terri; Rizzi, Dominic; Copeland, Greg
Cc: Korevaar, Debbie
Subject: Conditional Offer Letter

Terri, Please send a conditional offer of employment letter to Casey Gillette. I have received verbal confirmation that he passed his poly, so I will be scheduling his physical and psych.

His info:

Casey Gillette
[REDACTED]

DOB [REDACTED]
SSN [REDACTED]

If you need anything else, please let me know.

Have a great weekend!

Karen Bissell
Human Resources Specialist
(509)576-6612

This e-mail is a public record of the City of Yakima and is subject to public disclosure unless exempt under the Washington Public Records Act. This e-mail is subject to the State Retention Schedule.

Blessed is the person who sees the need, recognizes the responsibility, and actively becomes the answer.

- William Arthur Ward

Croft, Terri

From: Bissell, Karen
Sent: Thursday, September 13, 2012 1:38 PM
To: Croft, Terri; Rizzi, Dominic; Copeland, Greg
Cc: All Human Resources; Stephens, Chad
Subject: New Lateral Police Officer

Terri,

Casey Gillette has accepted the position of Police Officer Lateral with the City of Yakima Police Department. His start date is October 1, 2012.

Please generate a letter and mail to him at:

Casey Gillette


If you need anything else please let me know.

Thanks.

Karen Bissell
Human Resources Specialist
(509)576-6612

This e-mail is a public record of the City of Yakima and is subject to public disclosure unless exempt under the Washington Public Records Act. This e-mail is subject to the State Retention Schedule.

Blessed is the person who sees the need, recognizes the responsibility, and actively becomes the answer.

- William Arthur Ward



City of Yakima
Police Department

200 South Third Street
Yakima, Washington 98901

Telephone: (509) 575-6200 • Fax (509) 575-6007



August 7, 2012

Mr. Casey Gillette
[REDACTED]

Dear Mr. Gillette:

We are pleased to inform you that, pending the successful completion of your medical examination, psychological examination, polygraph examination, background investigation and fitness ability test at the Basic Law Enforcement Academy, you will have met the necessary requirements for employment as a probationary Police Officer with the Yakima Police Department.

You will receive another letter advising you of your hire date upon completion of the above-listed requirements. **This is a conditional offer of employment. This is not an offer for immediate employment. Do not quit your present job or relocate to the Yakima area.**

Sincerely,

Dominic Rizzi, Jr.
Chief of Police

tsc

c: Capt. Jeff Schneider
Sgt. Chad Stephens, Training Officer
Human Resources
Department File



COY 04855

YAKIMA POLICE DEPARTMENT PERFORMANCE EVALUATION

EVALUATION PERIOD: January 2016 - December 2016			NAME: GILLETTE, Casey L. #7467	
JOB CLASSIFICATION: Police			DIVISION: Patrol	
SCALE KEY	U-UNSATISFACTORY	NI-NEEDS IMPROVEMENT	S-SATISFACTORY	AS-ABOVE STANDARD

U	NI	S	AS
---	----	---	----

1. JOB KNOWLEDGE

- Knowledge of city and state criminal and traffic laws
- Knowledge and application of department policies
- Stays familiar with changes in policy, laws, and procedures
- Seeks to increase job knowledge

		X	
		X	
		X	
		X	

2. DECISION MAKING

- Makes quality decisions
- Uses job knowledge to improve decision-making ability
- Accepts responsibility for inaccurate decisions
- Ability to make decisions under pressure

			X
		X	
		X	
		X	

3. PERFORMANCE

- Is organized and acts quickly in response to calls
- Produces acceptable quantities of quality work
- Desires to improve, accepts extra responsibilities
- Follows proper personal safety procedures
- Uses safe and proper driving habits
- Exhibits self-initiated problem-solving ability
- Works well when without supervision
- Demonstrates leadership skills

		X	
			X
		X	
		X	
		X	
		X	
		X	
			X

4. READINESS FOR DUTY

- Uniform or attire worn and maintained within standards
- Department equipment is kept clean and properly maintained
- Maintains personal equipment
- Maintains fitness for duty and personal hygiene
- Observance of duty hours

		X	
		X	
		X	
		X	
		X	

5. ORAL AND WRITTEN COMMUNICATION

- Follows established guidelines for radio communications
- Speaks well when interacting with the public and other employees
- Correctly completes reports and forms
- Written communication is detailed, logical, and concise
- Reports completed within appropriate time frame

		X	
		X	
		X	
			X
		X	

6. INTERPERSONAL RELATIONS AND TEAMWORK

- Displays a positive attitude
- Responds positively to constructive suggestions
- Displays commitment to teamwork

		X	
		X	
		X	

7. ADMINISTRATIVE AND SUPERVISORY ABILITY (Supervisory Personnel)

- Evaluates his/her subordinates fairly and objectively
- Effectively organizes and directs the work of his/her subordinates
- Demonstrates capacity to mentor, counsel and train employees
- Sets positive examples for subordinates through personal work habits
- Displays ability to analyze and plan effectively
- Takes corrective action when the need is indicated
- Adapts readily to changing conditions
- Performs well and makes good decisions in emergencies

8. OVERALL WORK PERFORMANCE

Match the employee's OVERALL work performance to a category below. An overall rating of "Unsatisfactory" requires three (3) "Unsatisfactory" ratings or five (5) or more ratings below standard on the evaluation. A "Needs Improvement" requires a minimum of three (3) "Needs Improvement" ratings or a total of three (3) ratings below standard on the evaluation. An overall work performance of "Above Standard" requires a minimum of five (5) above standard ratings on the evaluation. Any rating other than "Satisfactory" requires an explanation in the comments section. Attach additional sheets as necessary.

Performance is
Unsatisfactory

☐

Performance
Needs Improvement

☐

Performance
is Satisfactory

☒

Performance is
Above Standard

☐

COMMENTS:

****SEE ADDITIONAL COMMENTS****

If the officer was transferred during the following:

From:

To:

Transfer Date:

Note: By signing this form, the employee acknowledges only that this evaluation was discussed and a copy has been received by the employee. The employee's signature does not signify agreement with the evaluation or waive the right of appeal.

Employee Signature: [Signature] 11967

Date: 03/08/2017

Rater's Signature: [Signature] 3686

Title: SGT

Date: 12-29-16

Reviewer's Signature: [Signature]

Title: LIEUTENANT

Date: 12-29-2016

Reviewer's Signature: [Signature]

Title: Captain

Date: 01/03/2017

Chief of Police Signature: [Signature]

Date: 3-9-17

PERFORMANCE EVALUATION 2016
ADDITIONAL COMMENTS

GILLETTE, Casey L. #7467

Overview:

Officer Casey Gillette was hired as a lateral transfer from the Toppenish Police Department on 10-01-12. I served as Officer Gillette's direct supervisor for this entire rating period. Other than occasionally covering for other sergeants, I had minimal contact with Officer Gillette prior to this year. Officer Gillette is a hard-working officer who regularly made field contacts with suspicious individuals in between answering to calls for service and making traffic stops. He actively sought out wanted individuals and assisted other officers whenever he could. He is tactically sound and weapons proficient. As a SWAT team member, he carried the tactical tools that we used for high risk incidents. He also often offered suggestions and coordinated resources at these high risk incidents.

2a: I relied on Officer Gillette's tactical knowledge at many high risk incidents throughout this rating period. Officer Gillette made it a point to be at many of these major incidents. There were times he would clear the call he was on or clear his lunch early to help out on high risk incidents.

3b: Officer Gillette was often at or near the top of every statistical category for this rating period. Although he was slightly below the squad average for total call minutes per shift, he carried a 1.7 per day average for NOI's and answered to an average of 8.6 calls for service per day. During times of low activity, he regularly created his own activity by making field contacts with suspicious persons. Many of these contacts often resulted in warrants or other arrests.

	<u>Calls per day</u>	<u>Call minutes per day</u>	<u>NOI's</u>
Squad Average	7.35	276	1.35 / day
Officer Gillette	8.60	262	1.70 / day

3h: As mentioned previously, Officer Gillette brings a wealth of experience and training from his SWAT background. He also carried the SWAT equipment needed at some of these incidents. What he also brought to these high risk calls was his sense of calm. He not only kept his own composure at these major incidents, but by keeping himself calm, he also kept the rest of the involved officers calm. His input at these incidents was important and he always had good ideas. He understands his own limitations and can make adjustments to get the job done whether more personnel or a specific piece of equipment was needed. Though slight in stature, he carries himself well and exudes self confidence.

PERFORMANCE EVALUATION 2016
ADDITIONAL COMMENTS

GILLETTE, Casey L. #7467

5d: Officer Gillette writes excellent reports. His reports were always completed on time and they contained a complete, detailed account of the events from beginning to end. I do not recall having to return any of Officer Gillette's reports for grammatical or spelling errors and the reports, themselves, were highly accurate. On March 31, I received an email from Detective Ileanna Salinas regarding one of Officer Gillette's domestic violence reports. In that instance, Officer Gillette took it upon himself to write out the victim's statement for her. Detective Salinas was praising Officer Gillette for helping the victim in that way.

Additional Information:

For this rating period, Officer Gillette was always looking for something to do. He could often be heard checking out "with one on a bike" which would result in a number of warrant arrests or other arrests. He has a very matter-of-fact way of speaking with people and he has a tendency to speak with people at their level. While this can be good and it has served him well, it can also work against him as it did on July 31. Officer Gillette encountered a male and his friend sleeping in a car in the McDonald's parking lot at 19 East Yakima Avenue. The male was speaking sarcastically and Officer Gillette let the male know that he did not appreciate that by saying that the man was "being a smartass". The male later called to ask that I speak with Officer Gillette but he did not wish to make a formal complaint. I later spoke with Officer Gillette about the incident and the importance of treating everyone with respect. Officer Gillette said he understood and no similar incidents were observed during this rating period.

Officer Gillette [REDACTED] As a result, he was off on [REDACTED] leave from October 31 through December 15. His presence, activity, and experience were definitely missed by the squad during his absence.

Equipment Inspections:

For this rating period, Officer Gillette successfully passed vehicle inspections on March 4th and June 27th. Firearms inspections for rifle and pistol were also held on shifts immediately following any firearms training. Officer Gillette successfully passed all handgun and rifle inspections.

Areas of Recommended Growth:

During this rating period, Officer Gillette applied for a vacancy in the detective division. In speaking with him, he desires an opportunity to obtain more investigative skill. He looks forward to applying for any additional opportunities as they arise. He will not rule out taking an upcoming promotional exam.

Additional Information

I have been provided the City of Yakima's policy regarding job based harassment in the workplace. I understand it is my responsibility to review the policy. After I review this policy, if I have any questions I will contact my supervisor or someone in my chain of command to have those questions answered.

CLC

Employee Initials

JMS

Supervisor Initials

Comments:

My Yakima Police Department Family Questionnaire has been reviewed, updated and returned to my supervisor.

CLC

Employee Initials

JMS

Supervisor Initials

Department of Licensing driver's check conducted by supervisor?

3/8/17 1300

Date and Time

JMS

Supervisor Initials

The employee's SPILLMAN contact information has been reviewed and is current and up to date.

3/8/17 1300

Date and Time

JMS

Supervisor Initials

Revised 12-03-15

ANNUAL PERFORMANCE REVIEW

YAKIMA POLICE DEPARTMENT SWAT TEAM

SWAT OFFICER/PSN

EVALUATION
PERIOD

COMPLETED BY/RANK/PSN

OFFICER CASEY GILLETTE #7467 2015

A.WUITSCHICK/ATL/#39

INSTRUCTIONS

Please fill out this form completely before meeting with the SWAT officer for his/her performance review. Please provide written comments for each category and provide rankings for certain categories (as indicated). Use specific examples when providing feedback to assist the SWAT officer in understanding what he/she has done well and why certain areas need improvement. A written comment(s) is/are required for any rating other than 3-Standard to support the rating.

TEAM RELATED ACCOMPLISHMENTS

You have been on the Team for almost one full year. During this first year you have attended and completed SWAT Basic. You have continually passed all of the quarterly qualifications. You have also completed all of the mandated tactical qualifications. You have consistently passed the PT test well under the designated time.

You will have your SWAT Pup Book completed by February 2016 training.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☒ 3-Standard ☐ 4-Above Standard ☐ 5-Outstanding

STRENGTHS

You are a hard worker. You are always willing to help with anything that needs to be accomplished. You work hard to learn and understand the tactics and philosophy of operations. When you have made mistakes, you use those as learning experience and have a good attitude toward training and missions. You lead by example and are always trying to better yourself. You are a good listener and constantly strive to be a team player.

AREAS FOR DEVELOPMENT

Your first priority for development should be to complete your SWAT Pup Book. Due to only having one year on the team, you should continue to have a great attitude and work hard to gain knowledge of all tools and tactics. You should continue to learn where each item is, how each item works and what they are used for. As your professional growth continues on the SWAT Team you will learn the philosophy of tactics and operations.

INTERPERSONAL SKILLS

As mentioned, you are a good listener and are open to ideas and trainings. You do not argue or complain. You provide input when asked. One of your biggest assets is that you are a hard worker and well respected by your peers. You are looked upon as a Team member that leads by example.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

ENTHUSIASM

As a person that leads by example, you let your hard work demonstrate your enthusiasm for being a part of the Team. You also seem excited to be at trainings and work with other Team members. You have expressed to numerous members that you like being a part of the Team and you have always had a positive attitude toward training during the rating period.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☐ 4-Above Standard ☒ 5-Outstanding

TIME MANAGEMENT

While at training you are always ready to go. You ask questions when needed. You listen to commands, goals and objectives and work your best to complete them with your best results. You correctly document your training on your After Action Reports. You are always the first operator to turn in your After Action Reports to your ATL following a training.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

COMMITMENT TO PROGRAM/ATTENDANCE

You consistently are at the training. You come to call-outs when paged. You work hard while at the trainings and use training time for your benefit of improving yourself.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

PHYSICAL FITNESS PROFICEINCY

Since coming onto the Team in January of 2015, you have always passed the O Course. You maintained a high level of physical fitness throughout the rating period. When the Team practiced fitness activities you had no problems completing each activity.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

FIREARMS PROFICIENCY

You are consistent with your firearms proficiency. You pass the qualifications. If you make errors or do not complete firearms tasks the first time, you complete them with a higher level of proficiency the following evolution.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

SWAT ASSIGNMENT KNOWLEDGE

Due to your limited time on the Team, you are still in a learning stage of SWAT knowledge. You are very dedicated and eager to learn. You want to gain the knowledge and better yourself as a Team member. You will continue to learn quickly with your positive attitude. Your rating should definitely be higher during the next rating period as you will have more training and opportunities to demonstrate your professional growth.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☒ 3-Standard ☐ 4-Above Standard ☐ 5-Outstanding

OVERALL PERFORMANCE

You have demonstrated hard work throughout the rating period. You are well liked and respected by the members on the Team and in your department. You are always willing to drop what you are doing and help others. You are many times one of the first to be at training and the last to leave. You are always checking to see if you can assist in anyway. You take pride in your career and the betterment of not only your growth, but that of the team. You will continue to learn at a high rate with your positive attitude. As you move through the next rating period, you will be assuming more responsibility and I believe you will be very proficient at your goals and objectives that you set forth as a member of the SWAT Team.

☐ 1-Unsatisfactory ☐ 2-Satisfactory ☐ 3-Standard ☒ 4-Above Standard ☐ 5-Outstanding

ACTION PLAN(S)

JAN 1, 2015 JOINED THE TEAM

APRIL 2015 COMPLETED SWAT BASIC

*Complete your SWAT Pup Book by the middle of the first quarter of the 2016 Rating period.

*Continue your professional growth through provided trainings and sign up for further trainings. (WSTOA/NTOA)

ADDITIONAL COMMENTS

Gillette has a great personality and puts the needs of the Team first. He has proven in the last rating period that he is a great new asset to the Yakima SWAT Team.

 #7467

[Evaluated SWAT Officer's Signature]

02/16/2016

[Date]

 #39

[Evaluating (Supervisor) SWAT Officer's Signature]

2.16-2016

[Date]

Reviewed By CRU Commander:

 Sgt.

[Name/Rank]

2-16-16

[Date]

YAKIMA POLICE DEPARTMENT PERFORMANCE EVALUATION

EVALUATION PERIOD: January 1, 2015 - December 31, 2015			NAME: Casey Gillette #7467	
JOB CLASSIFICATION: Police Officer			DIVISION: Patrol	
SCALE KEY	U-UNSATISFACTORY	NI-NEEDS IMPROVEMENT	S-SATISFACTORY	AS-ABOVE STANDARD

U	NI	S	AS
---	----	---	----

1. JOB KNOWLEDGE

- a. Knowledge of city and state criminal and traffic laws
- b. Knowledge and application of department policies
- c. Stays familiar with changes in policy, laws, and procedures
- d. Seeks to increase job knowledge

		X	
		X	
		X	
		X	

2. DECISION MAKING

- a. Makes quality decisions
- b. Uses job knowledge to improve decision-making ability
- c. Accepts responsibility for inaccurate decisions
- d. Ability to make decisions under pressure

			X
		X	
		X	
		X	

3. PERFORMANCE

- a. Is organized and acts quickly in response to calls
- b. Produces acceptable quantities of quality work
- c. Desires to improve, accepts extra responsibilities
- d. Follows proper personal safety procedures
- e. Uses safe and proper driving habits
- f. Exhibits self-initiated problem-solving ability
- g. Works well when without supervision
- h. Demonstrates leadership skills

		X	
		X	
			X
		X	
		X	
		X	
		X	
			X

4. READINESS FOR DUTY

- a. Uniform or attire worn and maintained within standards
- b. Department equipment is kept clean and properly maintained
- c. Maintains personal equipment
- d. Maintains fitness for duty and personal hygiene
- e. Observance of duty hours

		X	
		X	
		X	
		X	
		X	

5. ORAL AND WRITTEN COMMUNICATION

- a. Follows established guidelines for radio communications
- b. Speaks well when interacting with the public and other employees
- c. Correctly completes reports and forms
- d. Written communication is detailed, logical, and concise
- e. Reports completed within appropriate time frame

		X	
		X	
		X	
		X	
		X	

6. INTERPERSONAL RELATIONS AND TEAMWORK

- a. Displays a positive attitude
- b. Responds positively to constructive suggestions
- c. Displays commitment to teamwork

			X
		X	
			X

7. ADMINISTRATIVE AND SUPERVISORY ABILITY (Supervisory Personnel)

- a. Evaluates his/her subordinates fairly and objectively
- b. Effectively organizes and directs the work of his/her subordinates
- c. Demonstrates capacity to mentor, counsel and train employees
- d. Sets positive examples for subordinates through personal work habits
- e. Displays ability to analyze and plan effectively
- f. Takes corrective action when the need is indicated
- g. Adapts readily to changing conditions
- h. Performs well and makes good decisions in emergencies

8. OVERALL WORK PERFORMANCE

Match the employee's OVERALL work performance to a category below. An overall rating of "Unsatisfactory" requires three (3) "Unsatisfactory" ratings or five (5) or more ratings below standard on the evaluation. A "Needs Improvement" requires a minimum of three (3) "Needs Improvement" ratings or a total of three (3) ratings below standard on the evaluation. An overall work performance of "Above Standard" requires a minimum of five (5) above standard ratings on the evaluation. Any rating other than "Satisfactory" requires an explanation in the comments section. Attach additional sheets as necessary.

Performance is
Unsatisfactory

☐

Performance
Needs Improvement

☐

Performance
is Satisfactory

☐

Performance is
Above Standard

☒

COMMENTS: Ofc Gillette was assigned primarily to district 8 during the first six months of the year. However mid-year he was re assigned to district 6 to fill a vacancy. Ofc Gillette spent most of the year with student officers in his vehicle. He did not complain and stepped up to the task with enthusiasm. Several of his student officers were particularly challenging to train, yet he maintained a positive attitude. He understands the responsibilities of being an FTO. Ofc Gillette is dependable and always brings a great attitude to work. He can be relied upon to provide leadership at chaotic scenes and under stressful conditions. He is an asset to the department and a pleasure to supervise.

2A: Ofc Gillette consistently makes good decisions and trains his student officers to do the same. He needs little if any supervision when handling calls. As a member of the SWAT team he puts his tactical knowledge to use in field situations.

3C: Ofc Gillette is one of the most utilized FTO's being he is one of the few assigned to night shift. He also is a member of the SWAT team which requires extra time and dedication to training and flexibility to scheduling.

3H: Ofc Gillette is looked to by his peers on the department to provide leadership in stressful or challenging situations. I have witnessed him take charge of scenes, and provide sound guidance in tactical scenarios.

6A: Ofc Gillette always arrives to work with a positive attitude and brings a sense of humor which is much needed at times. No matter how busy the shift is, Ofc Gillette always provides the squad with motivation.

6C: As mentioned above, Ofc Gillette is committed to a team mindset, and always thinks of himself before others. He never shrugs away from extra work, or leaves other people to pick up his work load. He works to put the department and his team first, before himself and strives his example leads others to do the same.

If the officer was transferred during the following:

From:

To:

Transfer Date:

Note: By signing this form, the employee acknowledges only that this evaluation was discussed and a copy has been received by the employee. The employee's signature does not signify agreement with the evaluation or waive the right of appeal.

Employee Signature: [Signature] 57467

Date: 02/14/2016

Rater's Signature: I. CAVIN #6186

Title: POLICE SERGEANT

Date: 12-31-15

Reviewer's Signature: [Signature] 4370

Title: Lieutenant

Date: 1-4-16

Reviewer's Signature: [Signature]

Title: Captain

Date: 1/26/2016

Chief of Police Signature: [Signature] 733

Date: 2-22-16

Additional Information

I have been provided the City of Yakima's policy regarding job based harassment in the workplace. I understand it is my responsibility to review the policy. After I review this policy, if I have any questions I will contact my supervisor or someone in my chain of command to have those questions answered.

CLG

Employee Initials

IQ

Supervisor Initials

Comments:

My Yakima Police Department Family Questionnaire has been reviewed, updated and returned to my supervisor.

CLG

Employee Initials

IQ

Supervisor Initials

Department of Licensing driver's check conducted by supervisor?

1-24-16 2015

Date and Time

I.C.

Supervisor Initials

The employee's SPILLMAN contact information has been reviewed and is current and up to date.

2-14-16 2015

Date and Time

IQ

Supervisor Initials

Revised 12-03-15

YAKIMA POLICE DEPARTMENT PERFORMANCE EVALUATION

EVALUATION PERIOD: January 2014 - December 2014			NAME: Casey Gillette #7467	
JOB CLASSIFICATION: Police Officer			DIVISION: Patrol	
SCALE KEY	U-UNSATISFACTORY	NI-NEEDS IMPROVEMENT	S-SATISFACTORY	AS-ABOVE STANDARD

U	NI	S	AS
---	----	---	----

1. JOB KNOWLEDGE

- a. Knowledge of city and state criminal and traffic laws
- b. Knowledge and application of department policies
- c. Stays familiar with changes in policy, laws, and procedures
- d. Seeks to increase job knowledge

		X	
		X	
		X	
		X	

2. DECISION MAKING

- a. Makes quality decisions
- b. Uses job knowledge to improve decision-making ability
- c. Accepts responsibility for inaccurate decisions
- d. Ability to make decisions under pressure

		X	
		X	
		X	
			X

3. PERFORMANCE

- a. Is organized and acts quickly in response to calls
- b. Produces acceptable quantities of quality work
- c. Desires to improve, accepts extra responsibilities
- d. Follows proper personal safety procedures
- e. Uses safe and proper driving habits
- f. Exhibits self-initiated problem-solving ability
- g. Works well when without supervision
- h. Demonstrates leadership skills

		X	
			X
		X	
			X
		X	
			X
		X	
		X	

4. READINESS FOR DUTY

- a. Uniform or attire worn and maintained within standards
- b. Department equipment is kept clean and properly maintained
- c. Maintains personal equipment
- d. Maintains fitness for duty and personal hygiene
- e. Observance of duty hours

		X	
		X	
		X	
			X
		X	

5. ORAL AND WRITTEN COMMUNICATION

- a. Follows established guidelines for radio communications
- b. Speaks well when interacting with the public and other employees
- c. Correctly completes reports and forms
- d. Written communication is detailed, logical, and concise
- e. Reports completed within appropriate time frame

		X	
		X	
		X	
		X	
		X	

6. INTERPERSONAL RELATIONS AND TEAMWORK

- a. Displays a positive attitude
- b. Responds positively to constructive suggestions
- c. Displays commitment to teamwork

		X	
		X	
		X	

7. ADMINISTRATIVE AND SUPERVISORY ABILITY (Supervisory Personnel)

- a. Evaluates his/her subordinates fairly and objectively
- b. Effectively organizes and directs the work of his/her subordinates
- c. Demonstrates capacity to mentor, counsel and train employees
- d. Sets positive examples for subordinates through personal work habits
- e. Displays ability to analyze and plan effectively
- f. Takes corrective action when the need is indicated
- g. Adapts readily to changing conditions
- h. Performs well and makes good decisions in emergencies

8. OVERALL WORK PERFORMANCE (E

Match the employee's OVERALL work performance to a category below. An overall rating of "Unsatisfactory or "Needs Improvement" requires a minimum of ten (10) "Unsatisfactory" or "Needs Improvement" ratings on the evaluation, or a combination thereof. An overall work performance of "Unsatisfactory" or "Needs Improvement" requires specific explanation in the comment section. Explanation must include the specific job performance areas requiring improvement. An overall work performance of "Above Standard" requires a minimum of ten (10) above standard ratings on the evaluation, and requires explanation in the comment section. Attach additional sheets as necessary.

Performance is
Unsatisfactory

☐

Performance
Needs Improvement

☐

Performance
is Satisfactory

☒

Performance is
Above Standard

☐

COMMENTS:

Officer Gillette was a pleasure to work with and could be relied upon as being punctual and knowledgeable in many facets of Police work. Officer Gillette handled all the search warrants for our squad that needed to be done hastily while events were evolving on scene. Officer Gillette was a leader within the squad for arrests.

Above Standard -

2. (D) Officer Gillette was involved in a fatal Officer involved shooting on 01-04-14 where he had to react immediately in defense of himself and/or others. He used calm demeanor both on the radio and on scene during and after the shooting. Officer Gillette was rock steady and remains that way to this date reference this encounter. He was able to take command of his areas of responsibility until Officers were able to arrive and relieve him.
3. (B)(F) Officer Gillette is constantly moving throughout his district and that of the neighboring districts looking for observed activity as there never seems to be a shortage of it in areas he's assigned. He is constantly making good quality sound arrests and understands current case law trends and changes in criminal law.
3. (D) Officer Gillette is consistently using caution while working and using his tactical knowledge to his advantage when faced with threats or hostile situations.
4. (D) Officer Gillette also maintains an above standard level of fitness superior to that of his peer Officers and comes to work well kempt in a professional manner.

If the officer was transferred during the following:

From:

To:

Transfer Date:

Note: By signing this form, the employee acknowledges only that this evaluation was discussed and a copy has been received by the employee. The employee's signature does not signify agreement with the evaluation or waive the right of appeal.

Employee Signature:

 #7467

Date:

01/03/2015

Rater's Signature:



Title:

ONE SILENT

Date:

12-20-14

Reviewer's Signature:



Title:

Lieutenant

Date:

12-29-14

Reviewer's Signature:

QB Capone

Title:

Captain

Date:

1/5/15

Chief of Police Signature:

Date:

Discriminatory Harassment

328.1 PURPOSE AND SCOPE

This policy is intended to prevent department members from being subjected to discrimination or sexual harassment.

328.2 POLICY

The Yakima Police Department is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Department will not tolerate discrimination against employees in hiring, promotion, discharge, compensation, fringe benefits and other privileges of employment. The Department will take preventive and corrective action to address any behavior that violates this policy or the rights it is designed to protect.

The non-discrimination policies of the Department may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

328.3 DISCRIMINATION PROHIBITED

328.3.1 DISCRIMINATION

The Department prohibits all forms of discrimination, including any employment-related action by an employee that adversely affects an applicant or employee and is based on race, color, religion, sex, age, national origin or ancestry, genetic information, disability, military service, sexual orientation and other classifications protected by law.

Discriminatory harassment, including sexual harassment, is verbal or physical conduct that demeans or shows hostility or aversion toward an individual based upon that individual's protected class. It has the effect of interfering with an individual's work performance or creating a hostile or abusive work environment.

Conduct that may, under certain circumstances, constitute discriminatory harassment, can include making derogatory comments, crude and offensive statements or remarks, making slurs or off-color jokes, stereotyping, engaging in threatening acts, making indecent gestures, pictures, cartoons, posters or material, making inappropriate physical contact, or using written material or department equipment and/or systems to transmit or receive offensive material, statements or pictures. Such conduct is contrary to department policy and to the department's commitment to a discrimination free work environment.

Retaliation is treating a person or applicant differently or engaging in acts of reprisal or intimidation against the person because he/she has engaged in protected activity, filed a charge of discrimination, participated in an investigation or opposed a discriminatory practice. Retaliation will not be tolerated.

328.3.2 SEXUAL HARASSMENT

The Department prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or an employee because of that person's sex.

Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors or other verbal, visual or physical conduct of a sexual nature when:

- (a) Submission to such conduct is made either explicitly or implicitly a term or condition of employment position or compensation.
- (b) Submission to, or rejection of, such conduct is used as the basis for employment decisions affecting the member.

- (c) Such conduct has the purpose or effect of substantially interfering with a member's work performance or creating an intimidating, hostile, or offensive work environment.

328.3.3 ADDITIONAL CONSIDERATIONS

Discrimination and discriminatory harassment do not include actions that are in accordance with established rules, principles or standards, including:

- (a) Acts or omission of acts based solely upon bona fide occupational qualifications under the Equal Employment Opportunity Commission (EEOC) and the Washington State Human Rights Commission.
- (b) Bona fide requests or demands by a supervisor that an employee improve his/her work quality or output, that the employee report to the job site on time, that the employee comply with City or department rules or regulations, or any other appropriate work-related communication between supervisor and employee.

328.4 RESPONSIBILITIES

This policy applies to all department personnel. All members shall follow the intent of these guidelines in a manner that reflects department policy, professional law enforcement standards and the best interest of the Department and its mission.

Members are encouraged to promptly report any discriminatory, retaliatory or harassing conduct or known violations of this policy to a supervisor. Any employee who is not comfortable with reporting violations of this policy to his/her immediate supervisor may bypass the chain of command and make the report to a higher ranking supervisor or manager. Complaints may also be filed with the Chief of Police, Human Resources Manager or the City Manager.

Any member who believes, in good faith, that he/she has been discriminated against, harassed, subjected to retaliation, or who has observed harassment or discrimination, is encouraged to promptly report such conduct in accordance with the procedures set forth in this policy.

Supervisors and managers receiving information regarding alleged violations of this policy shall determine if there is any basis for the allegation and shall proceed with resolution as stated below.

328.4.1 SUPERVISOR RESPONSIBILITY

Each supervisor and manager shall:

- (a) Continually monitor the work environment and strive to ensure that it is free from all types of unlawful discrimination, including harassment or retaliation.
- (b) Take prompt, appropriate action within their work units to avoid and minimize the incidence of any form of discrimination, harassment or retaliation.
- (c) Ensure their subordinates understand their responsibilities under this policy.
- (d) Ensure that employees who make complaints or who oppose any unlawful employment practices are protected from retaliation and that such matters are kept confidential to the extent possible.
- (e) Notify the Chief of Police in writing of the circumstances surrounding any reported allegations or observed acts of discrimination/harassment no later than the next business day.

328.4.2 SUPERVISOR'S ROLE

Because of differences in individual values, supervisors and managers may find it difficult to recognize that their behavior or the behavior of others is discriminatory, harassing or retaliatory. Supervisors and managers shall be aware of the following considerations:

- (a) Behavior of supervisors and managers should represent the values of the Department and professional law enforcement standards.
- (b) False or mistaken accusations of discrimination, harassment or retaliation have negative effects on the careers of innocent members.
- (c) Supervisors and managers must act promptly and responsibly in the resolution of

such situations.

- (d) Supervisors and managers shall make a timely determination regarding the substance of any allegation based upon all available facts.

Nothing in this section shall be construed to prevent supervisors or managers from discharging supervisory or management responsibilities, such as determining duty assignments, evaluating or counseling employees or issuing discipline, in a manner that is consistent with established procedures.

328.5 INVESTIGATION OF COMPLAINTS

Various methods of resolution exist. During the pendency of any such investigation, the supervisor of the involved members should take prompt and reasonable steps to mitigate or eliminate any continuing abusive or hostile work environment. It is the policy of the Department that all complaints of discrimination or harassment shall be fully documented, and promptly and thoroughly investigated. The participating or opposing member should be protected against retaliation, and the complaint and related investigation should be kept confidential to the extent possible.

328.5.1 SUPERVISORY RESOLUTION

Members who believe they are experiencing discrimination, harassment or retaliation should be encouraged to inform the individual that his/her behavior is unwelcome. However, if the member feels uncomfortable, threatened or has difficulty expressing his/her concern, or if this does not resolve the concern, assistance should be sought from a supervisor or manager who is a rank higher than the alleged transgressor.

328.5.2 FORMAL INVESTIGATION

If the complaint cannot be satisfactorily resolved through the process described above, a formal investigation will be conducted.

The employee assigned to investigate the complaint will have full authority to investigate all aspects of the complaint. Investigative authority includes access to records and the cooperation of any members involved. No influence will be used to suppress any complaint and no member will be subject to retaliation or reprisal for filing a complaint, encouraging others to file a complaint or for offering testimony or evidence in any investigation. Formal investigation of the complaint will be confidential to the extent possible and will include, but not be limited to, details of the specific incident, frequency and dates of occurrences and names of any witnesses. Witnesses will be advised regarding the prohibition against retaliation, and that a disciplinary process, up to and including termination, may result if retaliation occurs.

Members who believe they have been discriminated against, harassed or retaliated against because of their protected status are encouraged to follow the chain of command but may also file a complaint directly with the Chief of Police, Human Resources Manager, or the City Manager.

328.5.3 EQUAL OPPORTUNITY EMPLOYMENT COMPLAINTS

No provision of this policy shall be construed to prevent any employee from seeking legal redress outside the Department. Employees who believe that they have been harassed or discriminated against are entitled to bring complaints of employment discrimination to federal, state and/or local agencies responsible for investigating such allegations. Specific time limitations apply to the filing of such charges. Employees are advised that proceeding with complaints under the provisions of this policy does not in any way affect those filing requirements.

328.6 NOTIFICATION OF DISPOSITION

The complainant and/or victim will be notified in writing of the disposition of the investigation and actions taken to remedy the complaint.

328.7 DOCUMENTATION OF COMPLAINTS

All complaints or allegations shall be thoroughly documented on forms and in a manner designated by the Chief of Police. The outcome of all reports shall be:

- Approved by the Chief of Police, City Manager or the Human Resources Manager, if more appropriate.
- Maintained for the period established in the department's records retention schedule.

328.8 TRAINING

All new employees shall be provided with a copy of this policy as part of their orientation. The policy shall be reviewed with each new employee. The employee shall certify by signing the prescribed form that he/she has been advised of this policy, is aware of and understands its contents and agrees to abide by its provisions during his/her term of employment.

All employees shall receive annual training on the requirements of this policy and shall certify by signing the prescribed form that they have reviewed the policy, understand its contents and agree that they will continue to abide by its provisions.

328.8.1 QUESTIONS REGARDING DISCRIMINATION OR SEXUAL HARASSMENT

Members with questions regarding discrimination or sexual harassment are encouraged to contact a supervisor, manager, the Chief of Police, Human Resources Manager or the City Manager, or they may contact the Washington State Human Rights Commission at 800-233-3247.

We have just reviewed our Yakima Police Department policy regarding job based harassment in the workplace. I am now required to ask you some questions, and it will be necessary for you to document your response to these questions.

Do you understand this policy?

Yes

No

CLG
Initial

Do you have any questions about this policy?

Yes

No

CLG
Initial

Do you know how to file a complaint should you ever have a problem with harassment, or if you see inappropriate behaviors at work?

Yes

No

CLG
Initial

If you ever have a problem or concern regarding harassment in the workplace, please tell me who inside and outside our department you can address those problems or concerns with.

Immediate Supervisor/Chain of Command/Police Chief
Human Resources Manager, City of Yakima
City Manager, City of Yakima

Are you aware of any behaviors going on either in our workplace, or outside the workplace that may impact the workplace, that are inconsistent with this policy?

Yes

No

CLG
Initial

City of Yakima
Police Department

Dominic Rizzi Jr, Chief of

200 S. 3rd Street
Yakima, Washington 98901

Telephone (509) 575-6200 Fax (509) 575-6007



Memorandum

10/05/2013

To: Lt. T. Foley
From: Sgt. Shelley Upton, #3403
Subject: Probationary Report for Officer C. Gillette, #7467


This memo is to document Probationary Police Officer Gillette's progress for the month of September, 2013. Officer Gillette took one sick day for [REDACTED]


This month marks the last month of Officer Gillette's probationary period. His hire date was October 1, 2011. I have no reservations for recommending Officer Gillette be removed from probationary status. He is reliable and never late for work, promptly turns reports in on time, has good public relations and is a true team player and well-liked by his squad mates.

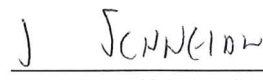
This month Officer Gillette averaged 2.29 cites for 1.64 stops per day, and arrested three persons for four observed and two radio generated incidents. He also found two for felony warrants based upon his numerous social contacts. He arrested three people on misdemeanor charges; two radio and one observed, and an additional four misdemeanor warrants. His initiative to look for activity and motivation in covering neighboring beats to assist fellow officers remains high. Officer Gillette has adjusted to our policies and procedures and I believe he will continue to be an asset to this department. He maintains a positive attitude and is willing to accept helpful suggestions from me as well as his squad.

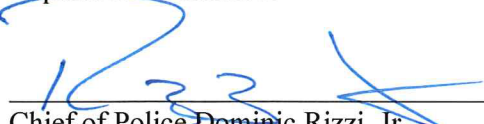
I recommend Officer Casey Gillette be granted off probationary status.

Respectfully,

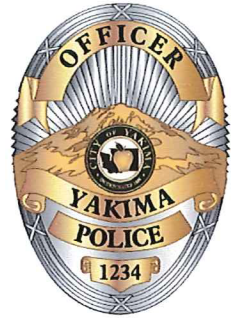

Sergeant Shelley Upton, #3403


Lieutenant Mike Pollard


Captain Jeff Schneider


Chief of Police Dominic Rizzi, Jr.

COY 04874



Memorandum

10/05/2013

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From: Sgt. Shelley Upton, #3403
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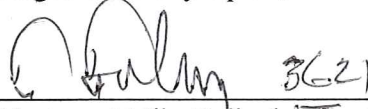
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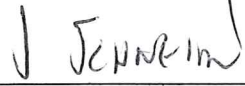
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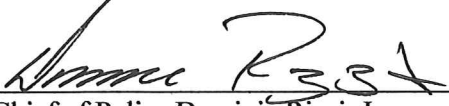
I recommend Officer Casey Gillette be granted off probationary status.

Respectfully,

Sergeant Shelley Upton, #3403


Lieutenant Mike Pollard


Captain Jeff Schneider


Chief of Police Dominic Rizzi, Jr.



WASHINGTON STATE PATROL

CJIS SYSTEM AGENCY

Certifies that

CASEY L. GILLETTE

Has successfully fulfilled the requirement for:

ACCESS1 Recertification

Expiration date:

February 23, 2018



Certificate of Completion

is hereby granted to:

CASEY L GILLETTE

Recent Access Level 1

Hours:

Issued: 03/03/2014

Presented by Washington State Patrol

OATH OF OFFICE

~~~~

COY 04878

STATE OF WASHINGTON,

County of Yakima

}  
} ss.  
}

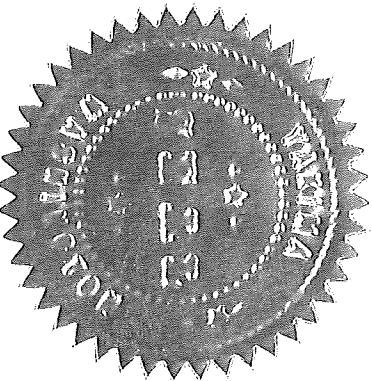
I, **CASEY GILLETTE**, do solemnly swear that I will support the Constitution of the United States and the Constitution and Laws of the State of Washington, and the Charter and Ordinances of the City of Yakima.

I will faithfully and impartially discharge and perform the duties of the office of Police Officer of the City of Yakima, Washington, according to the best of my ability,  
**SO HELP ME GOD.**

  
\_\_\_\_\_  
Casey Gillette

Subscribed and sworn to before me this 14<sup>th</sup> day of October, 2013.

  
\_\_\_\_\_  
Sonya Claar Tee, City Clerk



# OATH OF OFFICE

~~~~

COY 04879

STATE OF WASHINGTON,

County of Yakima

}
} ss.
}

I, **CASEY L. GILLETTE**, do solemnly swear that I will support the Constitution of the United States and the Constitution and Laws of the State of Washington, and the Charter and Ordinances of the City of Yakima.

I will faithfully and impartially discharge and perform the duties of the office of Police Officer of the City of Yakima, Washington, according to the best of my ability,
SO HELP ME GOD.



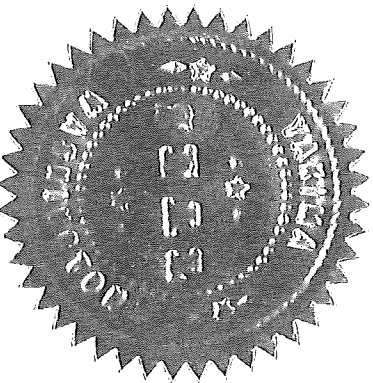
Casey L. Gillette

Subscribed and sworn to before me this 1st day of October, 2012.



Sonya Claar Tee, City Clerk

Probationary



INPROCESSING

EMPLOYEE NAME: Casey Gillette EMP. #: 7467
 DATE OF HIRE: 10-1-12 POSITION: Lateral Police Officer

	TASK/ITEM	EMP. INITIAL	RESPONSIBLE	DATE/INITIAL
1	Retirement/Benefit Verification forms		Admin. Asst.	10-1-12 / t3c
2	Medical insurance forms - inform employee to notify you of any changes, i.e., baby, marriage		Admin. Asst.	10-1-12 / t3c
3	W-4 Tax Withholding form		Admin. Asst.	10-1-12 / t3c
4	I-9 Employment Eligibility Form		Human Resources	HR
5	Union Deduction Form		Admin. Asst.	10-1-12 / t3c
6	Additional Group Accident Insurance Coverage		Admin. Asst.	10-1-12 / t3c
7	United Way Card/Donation		Admin. Asst.	10-1-12 / t3c
8	Explain Credit Union		Admin. Asst.	/
9	Authorization to pick up paycheck/policy for change of		Admin. Asst.	10-1-12 / t3c
10	Change of address/phone number policy		Admin. Asst.	10-1-12 / t3c
11	Explain complete safety information		Admin. Asst.	10-1-12 / t3c
12	KOS Policy (Commissioned only)		Admin. Asst.	10-1-12 / t3c
13	Blood-borne pathogen exposure control policy		Admin. Asst.	10-1-12 / t3c
14	Anti-Harassment Policy		Admin. Asst.	10-1-12 / t3c
15	Use of City Property Policy		Admin. Asst.	10-1-12 / t3c
16	Copy of Contract and Civil Service Rules		Admin. Asst.	10-1-12 / t3c
17	Advised of Location of Directives		Admin. Asst.	/
18	City of Yakima computer access form		Admin. Asst.	10-1-12 / t3c
19	Complete Personnel Record Computer form		Admin. Asst.	10-1-12 / t3c
20	Advise availability of Hepatitis B shots		Admin. Asst.	/

INPROCESSING

	TASK/ITEM	EMP. INITIAL	RESPONSIBLE	DATE/INITIAL
21	Set up swearing in ceremony for officers		Admin. Asst.	10-1-12/ tsc
22	Set up appointment to meet with Chief		Admin. Asst.	/
23	Add to computer		Admin. Asst.	/
24	Call legal and give names of officers		Admin. Asst.	/
25	Call municipal court with names and personnel # of officers		Admin. Asst.	/
26	Send payroll memo for holiday hours		PSS-II	/
27	Do LWOP time tickets if hired after the first of the month		PSS-II	WIA
28	Note on calendar for hazardous duty pay (6 months)		Admin. Asst./PSS-II	WIA
29	Department ID Card		R. Pitney	/
30	Fingerprints		Records	/
31	Photographs		Records	/
32	SCAN authorization form		Training Sgt.	/
33	Assign mail box		PSS-II	9-15-12/ tsc
34	Request voice mail numbers for officers		PSS-II	9-28-12/ tsc
35	City Employee handbook		Human Resources	/
36	I-9 Employment Eligibility Form		Human Resources	/
37	Building Keys/locker		Capt. Schneider	/

PLEASE RETURN THIS FORM TO TERRI

Additional Comments:

Revised 1/20/12

COY 04881

Computer Personnel Record

Personnel number: 7467

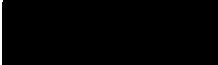
Last name: GILLETTE

First name: CASEY

Middle initial: L

Date of birth: 

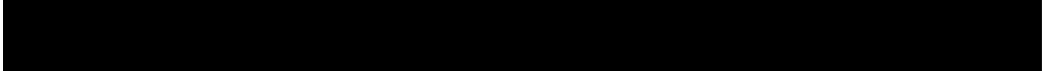
Address: 

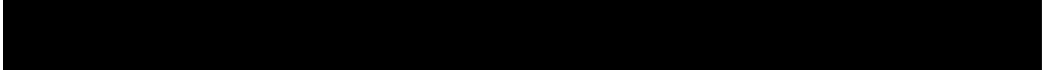
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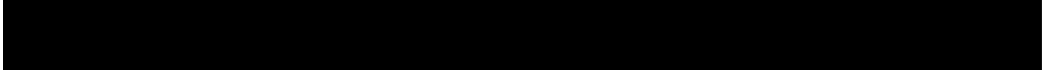
Phone number: 

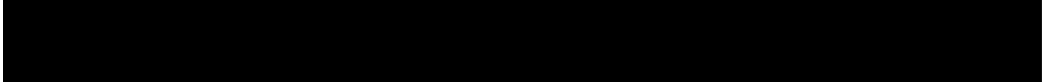
Social Security #: 

Emergency contact notification:

Name: 

Address: 

Phone number: 

Relationship: 

Medical/Allergic Conditions:

Doctor: _____

Dr. phone number: _____

Hospital preference: _____