Those present: Alan Crankovich, David Bowen, Perry Huston, Julie Kjorsvik, Shannon Carlson

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review/Update Commissioner’s Schedule</td>
<td>REVIEWED/UPDATED</td>
<td>SHANNON</td>
</tr>
<tr>
<td>Travel Authorization-Terry Powers and Tom Swenson &amp; KCSO</td>
<td>APPROVED AND SIGNED</td>
<td>SHANNON</td>
</tr>
<tr>
<td>PAF &amp; Voucher approval</td>
<td>APPROVED AND SIGNED</td>
<td>JULIE</td>
</tr>
<tr>
<td>Review Correspondence Log</td>
<td>REVIEWED</td>
<td>SHANNON</td>
</tr>
<tr>
<td>DATE RECEIVED</td>
<td>ITEM</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Email from Bill Vogler</td>
<td>ESSB 6050 Stalled in House-Satellite Bill</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Email from Alex Wasisco</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Email from Vaughn Merritt</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Email from John Jenson</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Email from Ruth Matulka</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Fax from Gary and Clarese North</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Council Agenda</td>
<td>City of Ellensburg</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Letter from Grant County Commissioners</td>
<td>Correctional Facilities Health Services-Requesting a Meeting with the Board to discuss this issue</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Memo from Grant County</td>
<td>Copy of the Grant Co. Comprehensive Plan 2004 Addendum to the EIS, DNS, and Adoption of Existing Environmental Information</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Letter from Barbara Roake</td>
<td>Water Conservancy Appointment Comments</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Newsletter</td>
<td>Mountains to Sound Greenway</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Public Disclosure Request</td>
<td>Desert Claim Information from Josh Brower of Mentor Law Group</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Notice</td>
<td>Kittitas County Disability Board Meeting Changed from the 27th to the 26th of April</td>
</tr>
<tr>
<td>04-18-05</td>
<td>Rule Adoption Notice</td>
<td>Remedial Action Grants, Chapter 173-322 WAC</td>
</tr>
<tr>
<td>04-19-05</td>
<td>Fax from Richard Raaba</td>
<td>Comments on Water Conservancy Appointment</td>
</tr>
<tr>
<td>DATE RECEIVED</td>
<td>ITEM</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>04-19-05</td>
<td>Letter from PSE from Aaron &amp; Kamille Baker</td>
<td>Kittitas County Energy Project</td>
</tr>
<tr>
<td>04-19-05</td>
<td>Fax from Desert Claim Wind Power</td>
<td>Notice of Termination of the Staffing Agreement effective May 17, 2005</td>
</tr>
<tr>
<td>04-19-05</td>
<td>Letter from Crystal Farmsworth</td>
<td>Letter to Lisa Immarino re: code enforcement issue</td>
</tr>
<tr>
<td>04-19-05</td>
<td>Phone Conversation Record</td>
<td>Glenn Norton giving comments on Water Conservancy Appointment</td>
</tr>
<tr>
<td>04-20-05</td>
<td>Letter from Clyde West</td>
<td>Invitation to Bid Motor Graders-Response</td>
</tr>
<tr>
<td>04-20-05</td>
<td>Letter from State Auditor</td>
<td>Entrance Conference May 11, 2005 at 9:00 A.M.</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Notice</td>
<td>Opportunity to Comment Plan of Operation for Old Towne Mine</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Original Letter from David Steeb</td>
<td>Termination of Staffing and Consultant Agreement for Desert Claim Wind Power Project</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Agenda</td>
<td>State of WA Forest Practices Board Meeting May 11, 2005</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from CTED</td>
<td>2004 Draft Consolidated Annual Performance And Evaluation Report Notice</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from Ryan Hopkins</td>
<td>Notice of availability Written Comments from Yakima Co. April 13th Roundtable Meeting on Critical Aquifer Recharge Areas</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from Sophia Byrd</td>
<td>Governor to Sign Indigent Defense Bill</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from Bill Vogler</td>
<td>Urgent Email Vote Today on Unfunded Mandates</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from Sophia Byrd</td>
<td>Court Funding Assistance Needed</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Email from Bill Vogler</td>
<td>ESSB 6050 Passes</td>
</tr>
<tr>
<td>DATE RECEIVED</td>
<td>ITEM</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>04-21-05</td>
<td>Fax from the City of Ellensburg</td>
<td>Notice of City/Co. Breakfast</td>
</tr>
<tr>
<td></td>
<td></td>
<td>April 29, 2005 7:00 A.M. Palace</td>
</tr>
</tbody>
</table>
KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>DRIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME</td>
<td>ANTHONY</td>
</tr>
<tr>
<td>EMPLOYEE #</td>
<td>D1708</td>
</tr>
<tr>
<td>HIRE DATE</td>
<td>03/21/05</td>
</tr>
<tr>
<td>ADJ. HIRE (if different)</td>
<td></td>
</tr>
</tbody>
</table>

**JOB TITLE**

<table>
<thead>
<tr>
<th>TAX WARRANT DEPUTY</th>
</tr>
</thead>
</table>

**DEPARTMENT NAME**

| TREASURER |

**BUDGET NUMBER**

| A. 001-3151001 |

**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>FOR HR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru 1</td>
</tr>
<tr>
<td>Leave 1</td>
</tr>
<tr>
<td>Ineligible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOR HR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Exempt</td>
</tr>
<tr>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER COMP. (describe in &quot;comments&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longevity</td>
</tr>
<tr>
<td>Stipend</td>
</tr>
<tr>
<td>2nd Position</td>
</tr>
</tbody>
</table>

**DEPARTMENT NAME**

| TREASURER |

**BUDGET NUMBER**

| A. 001-3151001 |

**SECTION 3: TYPE OF ACTION**

<table>
<thead>
<tr>
<th>EMPLOYEE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW HIRE</td>
</tr>
<tr>
<td>RE-HIRE</td>
</tr>
<tr>
<td>MERIT / STEP</td>
</tr>
<tr>
<td>POSITION CHANGE (Describe Below)</td>
</tr>
<tr>
<td>BUDGET CHANGE (Describe Below)</td>
</tr>
<tr>
<td>TERMINATION (Provide Separation Info)</td>
</tr>
<tr>
<td>OTHER (Describe Below)</td>
</tr>
</tbody>
</table>

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

<table>
<thead>
<tr>
<th>FOR HR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru 1</td>
</tr>
<tr>
<td>Leave 1</td>
</tr>
<tr>
<td>Ineligible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOR HR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Exempt</td>
</tr>
<tr>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER COMP. (describe in &quot;comments&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longevity</td>
</tr>
<tr>
<td>Stipend</td>
</tr>
<tr>
<td>2nd Position</td>
</tr>
</tbody>
</table>

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Department Head / Elected Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Budget/Payroll</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Commissioner #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Commissioner #2</td>
</tr>
<tr>
<td>Date</td>
<td>Commissioner #3</td>
</tr>
</tbody>
</table>

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

Updated: 04/06/04

FOR HR USE: Eval Date Eval Rating (ID - 1D - S - AA - S) Initial
### Kittitas County Personnel Action Form (PAF)

**Section 1: Employee (Complete in Full)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employee #</th>
<th>Hire Date</th>
<th>Adj. Hire (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Ron</td>
<td>A1717</td>
<td>04/01/05</td>
<td></td>
</tr>
</tbody>
</table>

**Job Title:** Weed Inspector  
**Department Name:** Noxious Weed

**Budget Number:** A. 123

**Section 2: Current Status (Complete in Full)**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Occu. Code</th>
<th>Union</th>
<th>Base Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weed Inspector</td>
<td>2852</td>
<td>86</td>
<td>$9.50</td>
</tr>
</tbody>
</table>

**Position Date:** 04/01/05  
**Workweek:** Standard (Sun - Sat)  
**Grade:** 252  
**Step (for "step" employees):** 1

**Section 3: Type of Action**

<table>
<thead>
<tr>
<th>Employee Type</th>
<th>Employee Action</th>
<th>Type of Separation</th>
<th>Reason for Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time (1)</td>
<td>New Hire</td>
<td>Discharge (D)</td>
<td>Performance (P)</td>
</tr>
<tr>
<td>Part-Time (2)</td>
<td>Re-Hire</td>
<td>Resignation (Q)</td>
<td>Attendance (A)</td>
</tr>
<tr>
<td>Limited Part-Time (3)</td>
<td>Merit / Step</td>
<td>Retired (R)</td>
<td>Conduct (C)</td>
</tr>
<tr>
<td>Temporary (4)</td>
<td>Position Change (Describe Below)</td>
<td>Laided Off (L)</td>
<td>Other Employment (E)</td>
</tr>
<tr>
<td>Casual (5)</td>
<td>Budget Change (Describe Below)</td>
<td>Fail Probation (P)</td>
<td>Personal (L)</td>
</tr>
<tr>
<td>Seasonal (6)</td>
<td>Leave (List Type Below)</td>
<td>Other (O)</td>
<td>Other (O)</td>
</tr>
</tbody>
</table>

**Comments:** (include work schedule if position is less than full-time): Seasonal employment from April 1, 2005 through August 31, 2005. Eligible for $0.25 raise upon acquisition of Public Operator Pesticide License.

**Section 4: New Status (Enter Only Data to Be Changed)**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Occu. Code</th>
<th>Union</th>
<th>Base Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$9.75</td>
</tr>
</tbody>
</table>

**Budget Number:** A. 123

**Position Date:** 04/01/05  
**Workweek:** Standard (Sun - Sat)  
**Grade:** 252  
**Step (for "step" employees):** 2

**Section 5: Signatures (Must Be Signed in Blue Ink)**

**Department Head / Elected Official:**  
**Date:** 04/19/05  
**Budget PAYROLL:**  
**Date:** 04/19/05

**Human Resources:**  
**Date:** 04/19/05  
**Commissioner #1:**  
**Date:** 04/19/05  
**Commissioner #2:**  
**Date:** 04/19/05  
**Commissioner #3:**  
**Date:** 04/19/05

**Updated:** 04/06/04  
**FOR HR USE:** Eval Date  
**Eval Rating:** (R = ID - S = AA - S) Initial
**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

- **LAST NAME**: Rainier
- **FIRST NAME**: Tyler
- **EMPLOYEE #**: P725
- **HIRE DATE**: 4-19-05
- **ADJ. HIRE (if different)**: 4-19-05

**JOB TITLE**: Seasonal Groundskeeper

**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

- **OCCUP. CODE**: 4807
- **UNION**: 910
- **BASE WAGE**: $7.50

**DEPARTMENT NAME**: Maintenance

- **BUDGET NUMBER**: A. 0012516 5/03

**PERCENTAGE**

- **A.**

**SECTION 3: TYPE OF ACTION**

**EMPLOYEE TYPE**: FULL-TIME (1)

- **EMPLOYEE ACTION**: NEW HIRED

**TYPE OF SEPARATION**: DISCHARGE (D)

- **REASON FOR SEPARATION**: PERFORMANCE (P)

**EMPLOYEE ACTION**: FOR HR USE

- **FOR HR USE**: Non-Exempt

**FOR HR USE**: Exempt

**FOR HR USE**: Net Covered

**OTHER COMP. (describe in "comments")**: Longevity

- **Other Comp.**: Allowance

- **2nd Position**: Other

**COMMENTS (include work schedule if position is less than full-time):**

Provide Details of Separation Below

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

- **JOB TITLE**: Seasonal Groundskeeper

- **OCCUP. CODE**: 4807

- **UNION**: 910

- **BASE WAGE**: $

**DEPARTMENT NAME**: Maintenance

- **BUDGET NUMBER**: A.

- **PERCENTAGE**

- **A.**

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

- **DATE**: 4-19-05

- **DATE**: 4/21/05

- **DATE**: 4/27/05

- **DATE**: 4/25/05

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

**Updated**: 04/06/04
KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE #</th>
<th>HIRE DATE</th>
<th>ADJ. HIRE (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANDENBERG</td>
<td>MATTHEW</td>
<td>V1722</td>
<td>04/19/05</td>
<td>04/19/05</td>
</tr>
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**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPARTMENT NAME</th>
<th>FOR HR USE</th>
<th>OTHER COMP. (describe in &quot;comments&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pres 1</td>
<td>Longevity</td>
</tr>
<tr>
<td></td>
<td>Pres 2</td>
<td>Allowance</td>
</tr>
<tr>
<td></td>
<td>Pres 3</td>
<td>Stipend</td>
</tr>
<tr>
<td></td>
<td>Leave 1</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Leave 2</td>
<td>2nd Position</td>
</tr>
<tr>
<td></td>
<td>Leave 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>A.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POSITION DATE**

<table>
<thead>
<tr>
<th>WORKWEEK</th>
<th>GRADE</th>
<th>STEP (for &quot;step&quot; employees)</th>
<th>PLACEMENT (for &quot;range&quot; employees)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**SECTION 3: TYPE OF ACTION**

<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
<th>EMPLOYEE ACTION</th>
<th>TYPE OF SEPARATION</th>
<th>REASON FOR SEPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| COMMENTS (include work schedule if position is less than full-time): Provisional appointment for maximum of four months (ending August 19, 2005). |

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL RM OPR (PROV)</td>
<td>5802</td>
<td>87</td>
<td>$12.73</td>
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</table>

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 130070251001</td>
<td>100</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

<table>
<thead>
<tr>
<th>DEPARTMENT HEAD / ELECTED OFFICIAL</th>
<th>DATE</th>
<th>BUDGET/PAYROLL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RCVD</td>
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</table>

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

Updated: 04/06/04

FOR HR USE: Eval Date (ID = ID = ID = S = AA = 9) Initial
**KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)**

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE #</th>
<th>HIRE DATE</th>
<th>ADJ. HIRE (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yaranon</td>
<td>Latisha</td>
<td>Y1695</td>
<td>2/15/05</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWU Workstudy</td>
<td>9900</td>
<td>90</td>
<td>$0</td>
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**DEPARTMENT NAME**

Public Health

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POSITION DATE**

2/15/05

**WORKWEEK**

- Standard (Sun - Sat)
- Alternate (Fri Noon - Fri Noon)
- 207(k) exception

**GRADE**

900

**SECTION 3: TYPE OF ACTION**

<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
<th>EMPLOYEE ACTION</th>
<th>TYPE OF SEPARATION</th>
<th>REASON FOR SEPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**

- Eligible For Rehire
- Ineligible For Rehire

**COMMENTS**

(include work schedule if position is less than full-time):
Not working volunteer hours.

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**DEPARTMENT NAME**

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POSITION DATE**

2/15/05

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

Date

- Department Head
- Elected Official
- Human Resources
- Commissioner #1
- Commissioner #2
- Commissioner #3

**RETURN TO HUMAN RESOURCES FOR DISTRIBUTION**

Updated: 04/06/04
**KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)**

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE #</th>
<th>HIRE DATE</th>
<th>ADJ. HIRE (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Templeton</td>
<td>Brian</td>
<td>T1699</td>
<td>3/7/05</td>
<td></td>
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**JOBTITLE**

CWU Workstudy Intern

**DEPARTMENT NAME**

Public Health

**BASE WAGE**

$0

**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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**SECTION 3: TYPE OF ACTION**

**EMPLOYEE ACTION**

- NEW HIRE
- RE-HIRE
- MERIT / STEP
- POSITION CHANGE (Describe Below)
- BUDGET CHANGE (Describe Below)
- LEAVE (List Type Below)
- TERMINATION (Provide Separation Info)
- OTHER (Describe Below)

**TYPE OF SEPARATION**

- DISCHARGE (D)
- RESIGNATION (Q)
- RETIRED (R)
- LAID OFF (L)
- FAIL PROBATION (P)
- OTHER (O)

**REASON FOR SEPARATION**

- PERFORMANCE (P)
- ATTENDANCE (A)
- CONDUCT (C)
- OTHER EMPLOYMENT (E)
- PERSONAL (L)
- OTHER (O)

**COMMENTS** (include work schedule if position is less than full-time): Not working volunteer hours.

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

**RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION**

Updated: 04/06/04

FOR HR USE: Eval Date: 4/16/05

Eval Rating (EB = 3 = AC = 5) Initial: ___________
**KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)**

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

- **LAST NAME:** MYERS
- **FIRST NAME:** DEBBIE
- **HIRE DATE:** 12-08-04
- **EMPLOYEE #:** 79

**JOB TITLE:** Temp. Office Worker

**DEPARTMENT NAME:** Commissioner's Office

**BUDGET NUMBER:** A. 001 1651001

**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

- **OCCUP. CODE:** 3801
- **UNION:** 84
- **BASE WAGE:** $8.00

**PERCENTAGE:**

- **A.**

**BUDGET NUMBER**

- **A.**

**PER **

- **A.**

**BUDGET NUMBER**

- **A.**

**SECTION 3: TYPE OF ACTION**

**EMPLOYEE ACTION**

- NEW HIRE

**TYPE OF SEPARATION**

- DISCHARGE (D)

**REASON FOR SEPARATION**

- PERFORMANCE (P)

**COMMENTS** (include work schedule if position is less than full-time): End of project funding.

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

- **DEPARTMENT HEAD / ELECTED OFFICIAL:**
- **DATE:** 4/5/05

- **HUMAN RESOURCES:**
- **DATE:** 4/1/05

- **COMMISSIONER #2:**
- **DATE:** 4/5/05

- **COMMISSIONER #3:**
- **DATE:** 4/25/05

**RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION**

*Updated: 04/06/04*
**KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)**

**SECTION 1: EMPLOYEE (COMPLETE IN FULL)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE #</th>
<th>HIRE DATE</th>
<th>ADJ. HIRE (if different)</th>
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<tbody>
<tr>
<td>OERGEL</td>
<td>THERSE</td>
<td>01420</td>
<td>6-18-01</td>
<td>6-12-02</td>
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**DEPARTMENT**

**DEPUTY CLERK**

**CLERK'S OFFICE**

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERF TE WAGE (IF &lt; 100%)</th>
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<tbody>
<tr>
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**SECTION 2: CURRENT STATUS (COMPLETE IN FULL)**

<table>
<thead>
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<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
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<tbody>
<tr>
<td>DEPUTY CLERK</td>
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<td>$1969</td>
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**DEPARTMENT NAME**

**CLERK'S OFFICE**

<table>
<thead>
<tr>
<th>FOR HR USE</th>
<th>FOR HR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pen 1 Pen 2 Pen 3</td>
<td>Non-Exempt Non-Exempt</td>
</tr>
<tr>
<td>Leaf 1 Leaf 2 Leaf 3</td>
<td>Exempt Exempt</td>
</tr>
<tr>
<td>ineligible ineligible 90-Day Period</td>
<td>Not Covered Not Covered</td>
</tr>
</tbody>
</table>

**SECTION 3: TYPE OF ACTION**

<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
<th>EMPLOYEE ACTION</th>
<th>TYPE OF SEPARATION</th>
<th>REASON FOR SEPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL-TIME (1)</td>
<td>NEW HIRE</td>
<td>DISCHARGE (D)</td>
<td>PERFORMANCE (P)</td>
</tr>
<tr>
<td>PART-TIME (2)</td>
<td>RE-HIRE</td>
<td>RESIGNATION (Q)</td>
<td>ATTENDANCE (A)</td>
</tr>
<tr>
<td>LIMITED PART-TIME (3)</td>
<td>MERIT / STEP</td>
<td>RETIRED (R)</td>
<td>CONDUCT (C)</td>
</tr>
<tr>
<td>TEMPORARY (4)</td>
<td>POSITION CHANGE (Describe Below)</td>
<td>LAID OFF (L)</td>
<td>OTHER EMPLOYMENT (E)</td>
</tr>
<tr>
<td>CASUAL (5)</td>
<td>BUDGET CHANGE (Describe Below)</td>
<td>FAIL PROBATION (P)</td>
<td>PERSONAL (L)</td>
</tr>
<tr>
<td>SEASONAL (6)</td>
<td>LEAVE (List Type Below)</td>
<td>OTHER (O)</td>
<td>OTHER (O)</td>
</tr>
<tr>
<td>PROJECT (7)</td>
<td>TERMINATION (Provide Separation Info)</td>
<td>Eligible For Rehire</td>
<td>Ineligible For Rehire</td>
</tr>
<tr>
<td>WORK STUDY (8)</td>
<td>OTHER (Describe Below)</td>
<td>Provide Details of Separation Below</td>
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</tr>
<tr>
<td>VOLUNTEER (9)</td>
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</tr>
</tbody>
</table>

**COMMENTS** (include work schedule if position is less than full-time):

**SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)**

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
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<tr>
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**BUDGET NUMBER**

<table>
<thead>
<tr>
<th>POSITION DATE</th>
<th>WORK WEEK</th>
<th>GRADE</th>
<th>STEP (for “step” employees)</th>
<th>PLACEMENT (for “range” employees)</th>
<th>EFFECTIVE DATE</th>
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</thead>
<tbody>
<tr>
<td>5-1-03</td>
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<td>345</td>
<td>9</td>
<td></td>
<td>5-6-1-05</td>
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</table>

**SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)**

**RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION**

Updated: 04/06/04
## KITITAS COUNTY PERSONNEL ACTION FORM (PAF)

### SECTION 1: EMPLOYEE (COMPLETE IN FULL)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE #</th>
<th>HIRE DATE</th>
<th>ADJ. HIRE (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barker</td>
<td>Brenda</td>
<td>B1583</td>
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</table>

### SECTION 2: CURRENT STATUS (COMPLETE IN FULL)

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
<th>UNION</th>
<th>BASE WAGE</th>
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</thead>
<tbody>
<tr>
<td>Bookkeeper</td>
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</table>

<table>
<thead>
<tr>
<th>DEPARTMENT NAME</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1 109151001</td>
<td>A. 50</td>
<td>100</td>
<td>$</td>
</tr>
<tr>
<td>B. 1 250151001</td>
<td>B. 50</td>
<td>PER</td>
<td>HOUR MONTH DAY</td>
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<table>
<thead>
<tr>
<th>POSITION DATE</th>
<th>WORKWEEK</th>
<th>GRADE</th>
<th>STEP (for “step” employees)</th>
<th>PLACEMENT (for “range” employees)</th>
<th>FOR HR USE</th>
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<tbody>
<tr>
<td>3/26/04</td>
<td></td>
<td>371</td>
<td>9</td>
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</table>

### SECTION 3: TYPE OF ACTION

<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
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<tbody>
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<td>FULL-TIME (1)</td>
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<tr>
<td>WORK STUDY (8)</td>
<td>OTHER (Describe Below)</td>
<td>Ineligible For Rehire</td>
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<tr>
<td>VOLUNTEER (9)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**COMMENTS (include work schedule if position is less than full-time):** Update PAF. Review date: 3/26/2005

### SECTION 4: NEW STATUS (ENTER ONLY DATA TO BE CHANGED)

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>OCCUP. CODE</th>
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<tbody>
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<table>
<thead>
<tr>
<th>BUDGET NUMBER</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>% OF FULL TIME</th>
<th>FTE WAGE (IF &lt; 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>A.</td>
<td>PER</td>
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</table>

<table>
<thead>
<tr>
<th>POSITION DATE</th>
<th>WORKWEEK</th>
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</thead>
<tbody>
<tr>
<td>3/26/04</td>
<td></td>
<td>371</td>
<td>9</td>
<td></td>
<td>4/1/05</td>
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</tbody>
</table>

### SECTION 5: SIGNATURES (MUST BE SIGNED IN BLUE INK)

- DEPARTMENT HEAD / ELECTED OFFICIAL
- HUMAN RESOURCES
- COMMISSIONER #1
- COMMISSIONER #2
- COMMISSIONER #3

**RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION**

Updated: 04/06/04
Kittitas County
Travel Authorization

Request for hereby made for authorization for travel at county expense for

TRACY WILSON
Employee’s Name

08/20/2005 Through 08/27/2005
Start Date End Date

To
NATIONAL INSTITUTE OF CORRECTIONS TRAINING CENTER
LONGMONT, COLORADO
Destination

The purpose of the trip:

INMATE BEHAVIOR MANAGEMENT TRAINING COURSE

Cost of Training:

Registration $0.00
Travel $0.00
Hotel $0.00
Salary $688.86

Signed this 21st day of APRIL, 2005.

Approved ____________________________
Department Head Signature

This request approved by the Board of County Commissioners on this 25th day of
APRIL, 2005

Chairman

Commissioner

Distribution of form:
1. Original sent to Commissioners for approval
2. Signed copy returned to Department
3. Copy must be attached to travel reimbursement request, hotel bill or registration form
Employee: TRACY WILSON
Date: 4/15/2005
Per. #: J34

Training Course Title: INMATE BEHAVIOR MANAGEMENT

Dates: From 8/21/2005 To 8/26/2005
Total Training Hours: 44

Location: LONGMONT, COLORADO
Sponsor: NIC

I have not ☐ I have ☐ previously requested attendance, in ____________ (Mo./Yr.)

Registration Costs: Amount $0.00
Per Diem: Amount 0

Lodging: Yes ☑ No ☐ Amount: $0.00

☐ Employee listed has been registered
☐ Training outline attached
☐ Purchase Order(s) Request attached (If needed)

Will Overtime be required for your full attendance/travel? Yes ☑ No ☐

Approving Staff Comments or Restrictions:

Supervisor Name: LT. BERT MARX

Approved ☐ Fwd. to Training Manager for additional action

Denied ☐ Return to employee / copy to "DOC" file

Reason for denial: ___
Training Request Checklist

DOCUMENTS AND INSTRUCTIONS NEEDED FOR SUCCESSFUL PROCESSING OF REQUESTS FOR TRAINING:

1. ☑ TRAINING REQUEST CHECKLIST
2. ☑ REQUEST FOR TRAINING FORM
3. ☑ PURCHASE ORDER REQUEST FORM (S)
4. ☑ TRAINING DOCUMENTATION & APPLICATION/REGISTRATION ⧫ HAND DELIVERED
5. ☑ TRAVEL AUTHORIZATION FORM

DOCUMENT DESCRIPTIONS AND INSTRUCTIONS:

TRAINING REQUEST CHECKLIST
• INCLUDE THIS SHEET WITH PACKET AND CHECK OFF ITEMS INCLUDED IN PACKET.

REQUEST FOR TRAINING FORM
• COMPLETE IN FULL THIS DOCUMENT AND INCLUDE IN PACKET.

PURCHASE ORDER REQUEST FORM(S)
• COMPLETE IN FULL A PURCHASE ORDER REQUEST FOR ANY TRAINING REGISTRATION, LODGING AND TRANSPORTATION EXPENSES. A SEPARATE PURCHASE ORDER REQUEST MUST BE COMPLETED FOR EACH VENDOR.

TRAINING DOCUMENTATION & APPLICATION/REGISTRATION
• INCLUDE APPLICATION/REGISTRATION & DOCUMENTATION FOR THE TRAINING THAT INDICATES THE DATE(S), TIME(S), LOCATION(S) AND WHAT MEALS/LODGING IS INCLUDED OR NOT INCLUDED IN THE PROGRAM.

TRAVEL AUTHORIZATION FORM
• THIS FORM WILL BE COMPLETED BY THE FINANCE SECTION OF THE SHERIFF’S OFFICE IF THE TOTAL COST OF THE TRAINING EXCEEDS $499 OR INVOLVES OUT OF WASHINGTON STATE TRAVEL.

PROCESSING INSTRUCTIONS:

1. EMPLOYEE
   a. EMAIL COMPLETED ELECTRONIC PACKET TO YOUR SUPERVISOR.

2. SUPERVISOR
   a. REVIEW AND EMAIL APPROVED ELECTRONIC PACKET TO COMMAND STAFF.

3. COMMAND STAFF
   a. REVIEW AND EMAIL APPROVED AND COMPLETED ELECTRONIC PACKET:
      i. TO FINANCE SECTION, IF FUNDS ARE REQUESTED.
      ii. TO TRAINING MANAGER, IF FUNDS ARE NOT REQUESTED.

4. FINANCE SECTION
   a. CREATE AND ISSUE NEEDED AND APPROVED PURCHASE ORDERS TO VENDORS.
   b. MAKE LODGING RESERVATIONS AND SEND TRAINING APPLICATION (AS REQUESTED).
   c. EMAIL COMPLETION NOTIFICATION, RESERVATION AND APPLICATION INFORMATION (IF HANDLED BY FINANCE) TO EMPLOYEE, SUPERVISOR AND TRAINING MANAGER.
Inmate Behavior Management Training Program

Inmate Behavior Management (Training Program)

Inmate behavior management training for three-person teams consisting of (1) the jail administrator, (2) the person in charge of the security staff, and (3) the person in charge of the inmate classification system.

This 44-hour program teaches participants the information and skills necessary to develop a formal plan to manage inmate behavior in their respective jails. It presents the six components of an inmate behavior-management plan, as follows:

- Assessing the risks and needs each inmate presents (inmate classification).
- Developing an inmate housing plan.
- Meeting basic inmate needs.
- Setting and conveying expectations for inmate behavior.
- Supervising Inmates.
- Keeping inmates productively occupied.

For each component, participants are taught why the component is essential to the plan, the elements of the component, and the implementation strategies. The need for full integration of all components is also discussed. Participants work within their agency teams to assess where their jail currently stands in relation to each component and what improvements need to be made. Participants also identify the support, training, and other resources necessary to develop and implement the inmate behavior-management plan.

**PROGRAM DETAILS:**

<table>
<thead>
<tr>
<th>DATES</th>
<th>APPLICATION DUE</th>
<th>PROGRAM NO.</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 30-Feb. 4, 2005</td>
<td>Oct. 29, 2004</td>
<td>05-J2301</td>
<td>NIC Training Center, Longmont, CO</td>
</tr>
<tr>
<td>Aug. 21-26, 2005</td>
<td>May 20, 2005</td>
<td>05-J2303</td>
<td>NIC Training Center, Longmont, CO</td>
</tr>
</tbody>
</table>

**APPLICATION REQUIREMENTS:**

Applicants must submit Form A.

**APPLICATION FORMS**

Form A: Adult Corrections Individual Application [Adobe PDF]
<table>
<thead>
<tr>
<th>FIND RELATED PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Programs</strong></td>
</tr>
<tr>
<td>Training programs offered by the National Institute of Corrections.</td>
</tr>
<tr>
<td><strong>Jails</strong></td>
</tr>
<tr>
<td>Resources and services specifically for jail corrections professionals.</td>
</tr>
</tbody>
</table>

http://www.nicic.org/WebPage_119.htm

4/15/2005
Inmate Behavior Management

Managing inmate behavior is the core function of jails. Historically, jails have emphasized the physical containment of inmates over actively supervising them and managing their behavior. This has resulted in problems commonly associated with jails, such as violence, vandalism, and unsanitary conditions. These problems create dangerous conditions for both staff and inmates and can be costly for taxpayers. To address this issue, the NIC Jails Division has developed training programs, technical assistance, and information to help jails better manage inmates. In fiscal year 2005 the Jails Division’s services focus on the development of an inmate behavior-management plan in jails and on the design and management of podular direct-supervision jails.

TRAINING PROGRAMS

**Inmate Behavior Management**

**Who Should Attend**

Three-person teams consisting of (1) the jail administrator, (2) the person in charge of the security staff, and (3) the person in charge of the inmate classification system.

**Description**

This 44-hour program teaches participants the information and skills necessary to develop a formal plan to manage inmate behavior in their respective jails. It presents the six components of an inmate behavior-management plan, as follows:

- Assessing the risks and needs each inmate presents (inmate classification).
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- Meeting basic inmate needs.
- Setting and conveying expectations for inmate behavior.
- Supervising inmates.
- Keeping inmates productively occupied.

For each component, participants are taught why the component is essential to the plan, the elements of the component, and the implementation strategies. The need for full integration of all components is also discussed. Participants work
within their agency teams to assess where their jail currently stands in relation to each component and what improvements need to be made. Participants also identify the support, training, and other resources necessary to develop and implement the inmate behavior-management plan.

**Application Requirements**

Applicants must submit Form A (page 155). Applicants may also complete an application form online at www.nicic.org. See “NIC Training Center Programs in Longmont, Colorado” (page 135) for logistical information.

**Contacts**

Kris Keller, Jails Division; toll-free telephone: 800-995-6429; e-mail: jkeller@bop.gov.

Fram Zandi, Jails Division; toll-free telephone: 800-995-6429; e-mail: fzandi@bop.gov.
Application for Individuals

To apply, complete (type or print legibly) and sign this form, attach any supplementary statements required in the training program description, obtain the necessary endorsement, and mail or fax to the National Institute of Corrections, 1960 Industrial Circle, Longmont, CO 80501; fax 303-682-0469. To receive full consideration, each item on both sides of this application must be completed and it must be received by the specified due date. Incomplete applications will be returned. Applicants accepted for participation will receive confirmation and additional information about the program.

Training program title: Inmate Behavior Management
Training program number: 05-J2303
For multiple program offerings, I cannot attend on the following date(s):

Name: Tracy Wilson
Mr. Ms. Mrs.
Social Security No.: 538-72-1200
NOTE: Disclosure of your Social Security number is voluntary. NIC collects Social Security numbers as identifiers for records of training participants, Executive Order No. 9397.
Title: Corrections Officer/Classification
Years in position: 19 / 1.5
Is your primary job responsibility staff training?
Yes ☑ No
Agency: Kittitas County Corrections Center
Mailing address: 205 W. 5th Suite 1/Jail
City: Ellensburg
State: WA ZIP code: 98826
Telephone: (509) 962-7651 Fax: (509) 962-7599
E-mail: wilson@co.kittitas.wa.us
Primary area of corrections (check one):
☑ Adult jail
☐ Adult community corrections
☐ Adult prison
☐ Other (explain):

Type of agency (check one):
☐ Federal—Bureau of Prisons
☐ Federal—Other
☐ State
☐ Indian Country—Bureau of Indian Affairs
☐ Indian Country—Tribal
☐ Regional
☐ County
☐ Municipal
☐ U.S. commonwealth or territory
☐ Foreign
☐ Private
Agency/institution information:
Institution/facility population: 120
Agency population:
Total number of agency staff:
Number of staff you supervise:
If training program is for team participation:
☑ Each team member must complete an application.
☑ Each team member's individual supplementary information is attached.
☑ Team members must be listed below.
☑ All applications must be sent together.
Only one team supplement is required for all team members. List team members below:
Lt. Bert Marx
Sgt. Paula Hoctor
Classification Officer Tracy Wilson
If training program is for individual participation:
☑ Attach the supplementary information required in the training program description.
I agree to
☑ Fully participate in this program and will complete all pre- and post-training assignments.
☑ Reside at the training site (for Longmont programs) for the duration of the program.
Date: 11/5/05

Signature: [Signature]
Endorsement of Application by Agency Chief Executive Officer

NIC will return as "incomplete" application forms that do not have the endorsement of the chief executive officer of the agency, as defined below.

• For jails. If the jail is under the sheriff, the sheriff must endorse the application. If not, the application must be endorsed by the chief executive officer of the local department of corrections.

• For prisons. The director or commissioner of the state department of corrections.

• For community corrections. The head of the agency, such as the chief probation officer, chairperson of the parole board, executive director of the agency, or director of the department of corrections, depending on the organizational structure of the agency.

• For employees of the federal Bureau of Prisons. Both the warden and the assistant director of human resource management at the central office.

Individuals from private organizations must submit with their application an endorsement letter from the chief executive officer (as defined above) of the public agency to which the private organization provides service. The endorsement letter must verify that the private organization is contractually or statutorily required to deliver services to the corrections agency making the endorsement.

Nomination/Endorsement

Nomination or endorsement must be made by the chief executive officer as defined above.

I recommend TRACY WILSON for participation in the National Institute of Corrections training program for which this application is being submitted. This nomination is made on the basis that the candidate (individually or as a member of a team) will be in a position to effect improvement in our organization. The information provided is accurate and complete. I agree that if the participant in this training program develops an action plan for our agency, outcomes of the implementation will be provided on request to NIC to determine the impact of the training on our organization.

__________________________
Signature of chief executive officer

4-21-08
Date

__________________________
Type or print name

ClAYTON MYERS

UNdERSHERIFF

Title of chief executive officer

(509) 962-2577
Telephone
Kittitas County Sheriff's Office Organizational Chart

Sheriff

Undersheriff

Commander (1)

Admin Asst (1)

LE Clerk (2) Fiscal Clerk (1) Warrants/Civil Clerk (1) Receptionist (1)

Commander (1)

Patrol Sgt (3)

Patrol Corporal (3) Patrol Officer (14) Sheriff Reserve Detective/Civil (3)

Civil Serv/Transport (1)

Lieutenant (1)

Correction Sgt (2)

Class. Officer (1)

Correction Officers (15)

LE Clerk (1) Jail Physician (3)

CR Operators (5)
Kittitas County
Travel Authorization

Request for hereby made for authorization for travel at county expense for

PAULA HOCTOR
Employee's Name

08/20/2005 Through 08/27/2005;
Start Date End Date
To

NATIONAL INSTITUTE OF CORRECTIONS TRAINING CENTER
LONGMONT, COLORADO
Destination

The purpose of the trip: INMATE BEHAVIOR MANAGEMENT TRAINING COURSE

Cost of Training:

Registration $ 0.00
Travel $ 0.00
Hotel $ 0.00
Salary $ 757.86

Signed this 21st day of APRIL, 2005.

Approved
Department Head Signature

This request approved by the Board of County Commissioners on this 25th day of

April, 2005

Chairman
Commissioner
Commissioner

Distribution of form:
1. Original sent to Commissioners for approval
2. Signed copy returned to Department
3. Copy must be attached to travel reimbursement request, hotel bill or registration form
**Request for Training**

**Employee:** SGT. PAULA HOCTOR  
**Date:** 4/15/2005  
**Per. #:** 32

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>INMATE BEHAVIOR MANAGEMENT TRAINING PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates:</strong> From 8/21/2005 To 8/26/2005</td>
<td>Total Training Hours: 44</td>
</tr>
<tr>
<td><strong>Location:</strong> LONGMONT, CO. CORRECTIONS</td>
<td>Sponsor: NATIONAL INSTITUTE OF</td>
</tr>
</tbody>
</table>

I have not ☐ I have ☐ previously requested attendance, in ___(Mo./Yr.)___

Registration Costs: Amount $0.00  
Per Diem: Amount $0.00

Lodging: Yes ☑ No ☐  
Amount: $0.00

☐ Employee listed has been registered  
☒ Training outline attached  
☐ Purchase Order(s) Request attached (If needed)

Will Overtime be required for your full attendance/travel? Yes ☐ No ☐

**Approving Staff Comments or Restrictions:**
For the supervision and coordination of the classification system as it applies to the Inmates, this training is imperative.

**Supervisor Name:** Lieutenant Marx

**Approved** ☐ Fwd. to Training Manager for additional action

**Denied** ☐ Return to employee / copy to “DOC” file

☑ Reason for denial: ___
Kittitas County Sheriff’s Office
Training and Accreditation Unit

Training Request Checklist

DOCUMENTS AND INSTRUCTIONS NEEDED FOR SUCCESSFUL PROCESSING OF REQUESTS FOR TRAINING:

1. ☑ TRAINING REQUEST CHECKLIST
2. ☑ REQUEST FOR TRAINING FORM
3. ☐ PURCHASE ORDER REQUEST FORM (S)
4. ☑ TRAINING DOCUMENTATION & APPLICATION/REGISTRATION ☑ HAND DELIVERED
5. ☑ TRAVEL AUTHORIZATION FORM

DOCUMENT DESCRIPTIONS AND INSTRUCTIONS:

TRAINING REQUEST CHECKLIST
• INCLUDE THIS SHEET WITH PACKET AND CHECK OFF ITEMS INCLUDED IN PACKET.

REQUEST FOR TRAINING FORM
• COMPLETE IN FULL THIS DOCUMENT AND INCLUDE IN PACKET.

PURCHASE ORDER REQUEST FORM(S)
• COMPLETE IN FULL A PURCHASE ORDER REQUEST FOR ANY TRAINING REGISTRATION, LODGING AND TRANSPORTATION EXPENSES. A SEPARATE PURCHASE ORDER REQUEST MUST BE COMPLETED FOR EACH VENDOR.

TRAINING DOCUMENTATION & APPLICATION/REGISTRATION
• INCLUDE APPLICATION/REGISTRATION & DOCUMENTATION FOR THE TRAINING THAT INDICATES THE DATE(S), TIME(S), LOCATION(S) AND WHAT MEALS/LODGING IS INCLUDED OR NOT INCLUDED IN THE PROGRAM.

TRAVEL AUTHORIZATION FORM
• THIS FORM WILL BE COMPLETED BY THE FINANCE SECTION OF THE SHERIFF’S OFFICE IF THE TOTAL COST OF THE TRAINING EXCEEDS $499 OR INVOLVES OUT OF WASHINGTON STATE TRAVEL.

PROCESSING INSTRUCTIONS:

1. EMPLOYEE
   a. EMAIL COMPLETED ELECTRONIC PACKET TO YOUR SUPERVISOR.

2. SUPERVISOR
   a. REVIEW AND EMAIL APPROVED ELECTRONIC PACKET TO COMMAND STAFF.

3. COMMAND STAFF
   a. REVIEW AND EMAIL APPROVED AND COMPLETED ELECTRONIC PACKET:
      i. TO FINANCE SECTION, IF FUNDS ARE REQUESTED.
      ii. TO TRAINING MANAGER, IF FUNDS ARE NOT REQUESTED.

4. FINANCE SECTION
   a. CREATE AND ISSUE NEEDED AND APPROVED PURCHASE ORDERS TO VENDORS.
   b. MAKE LODGING RESERVATIONS AND SEND TRAINING APPLICATION (AS REQUESTED).
   c. EMAIL COMPLETION NOTIFICATION, RESERVATION AND APPLICATION INFORMATION (IF HANDLED BY FINANCE) TO EMPLOYEE, SUPERVISOR AND TRAINING MANAGER.
Inmate Behavior Management (Training Program)

Inmate behavior management training for three-person teams consisting of (1) the jail administrator, (2) the person in charge of the security staff, and (3) the person in charge of the inmate classification system.

This 44-hour program teaches participants the information and skills necessary to develop a formal plan to manage inmate behavior in their respective jails. It presents the six components of an inmate behavior-management plan, as follows:

Assessing the risks and needs each inmate presents (inmate classification).

Developing an inmate housing plan.

Meeting basic inmate needs.

Setting and conveying expectations for inmate behavior.

Supervising inmates.

Keeping inmates productively occupied.

For each component, participants are taught why the component is essential to the plan, the elements of the component, and the implementation strategies. The need for full integration of all components is also discussed. Participants work within their agency teams to assess where their jail currently stands in relation to each component and what improvements need to be made. Participants also identify the support, training, and other resources necessary to develop and implement the inmate behavior-management plan.

PROGRAM DETAILS:

<table>
<thead>
<tr>
<th>DATES</th>
<th>APPLICATION DUE</th>
<th>PROGRAM NO.</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 30-Feb. 4, 2005</td>
<td>Oct. 29, 2004</td>
<td>05-J2301</td>
<td>NIC Training Center, Longmont, CO</td>
</tr>
<tr>
<td>Aug. 21-26, 2005</td>
<td>May 20, 2005</td>
<td>05-J2303</td>
<td>NIC Training Center, Longmont, CO</td>
</tr>
</tbody>
</table>

APPLICATION REQUIREMENTS:
Applicants must submit Form A.

APPLICATION FORMS

Form A: Adult Corrections Individual Application [Adobe PDF]

FIND RELATED PAGES

Training Programs
Training programs offered by the National Institute of Corrections.

Jails
Resources and services specifically for jail corrections professionals.

Search / Site Map :: Accessibility :: Employment :: Privacy Statement & Disclaimers :: EEO / Eligibility Notice

National Institute of Corrections

Application for Individuals

To apply, complete (type or print legibly) and sign this form, attach any supplementary statements required in the training program description, obtain the necessary endorsement, and mail or fax to the National Institute of Corrections, 1960 Industrial Circle, Longmont, CO 80501; fax 303-682-0469. To receive full consideration, each item on both sides of this application must be completed and it must be received by the specified due date. Incomplete applications will be returned. All applications will be acknowledged. Applicants accepted for participation will receive confirmation and additional information about the program.

Training program title: Inmate Behavior Management

Training program number: 05-32303

For multiple program offerings, I cannot attend on the following date(s):

Name: Paula Hactor

Mr. Ms. Mrs. X

Social Security No. 534-180-9900

NOTE: Disclosure of your Social Security number is voluntary. NIC collects Social Security numbers as identifiers for records of training participants. Executive Order No. 9397.

Title: Sergeant

Years in position: 1/2

Is your primary job responsibility staff training?

Yes ___ No ___

Agency: Kittitas County Sheriff's Office

Mailing address: 205 W 5th St. Ellensburg, Kittitas

City: Ellensburg County: Kittitas

State: WA ZIP code: 98926

Telephone: (509) 962-7037 Fax: (509) 962-7087

E-mail: paulah@co.kittitas.wa.us

Primary area of corrections (check one):

✓ Adult jail

Adult community corrections

Adult prison

Other (explain):

Signature: Paula Hactor

Type of agency (check one):

✓ Federal—Bureau of Prisons

Federal—Other

State

Indian Country—Bureau of Indian Affairs

Indian Country—Tribal

Regional

County

Municipal

U.S. commonwealth or territory

Foreign

Private

Agency/institution information:

Institution/facility population: 120 Capacity

or

Agency population:

Total number of agency staff:

Number of staff you supervise:

If training program is for team participation:

✓ Each team member must complete an application.

✓ Each team member's individual supplementary information is attached.

✓ Team members must be listed below.

✓ All applications must be sent together.

Only one team supplement is required for all team members. List team members below:

Lieutenant Bert Marx

Officer Tracy Wilson

Sergeant Paula Hactor

If training program is for individual participation:

✓ Attach the supplementary information required in the training program description.

I agree to:

✓ Fully participate in this program and will complete all pre- and posttraining assignments.

✓ Reside at the training site (for Longmont programs) for the duration of the program.

Date: 4/15/05
Endorsement of Application by Agency Chief Executive Officer

NIC will return as "incomplete" application forms that do not have the endorsement of the chief executive officer of the agency, as defined below.

- For **jails**, if the jail is under the sheriff, the sheriff must endorse the application. If not, the application must be endorsed by the chief executive officer of the local department of corrections.

- For **prisons**, the director or commissioner of the state department of corrections.

- For **community corrections**, the head of the agency, such as the chief probation officer, chairperson of the parole board, executive director of the agency, or director of the department of corrections, depending on the organizational structure of the agency.

- For **employees of the federal Bureau of Prisons**, both the warden and the assistant director of human resource management at the central office.

**Individuals from private organizations** must submit with their application an endorsement letter from the chief executive officer (as defined above) of the public agency to which the private organization provides service. The endorsement letter must verify that the private organization is contractually or statutorily required to deliver services to the corrections agency making the endorsement.

---

**Nomination/Endorsement**

Nomination or endorsement must be made by the chief executive officer as defined above.

I recommend **Sergeant Paul H. H.** for participation in the National Institute of Corrections training program for which the application is being submitted. This nomination is made on the basis that the candidate (individually or as a member of a team) will be in a position to effect improvement in our organization. The information provided is accurate and complete. I agree that if the participant in this training program develops an action plan for our agency, outcomes of the implementation will be provided on request to NIC to determine the impact of the training on our organization.

---

_Signature of chief executive officer_  
_Clayton Myers_  
_4-21-05_  
_Type or print name_  
_Clayton Myers_

_Telephone_  
_(508) 962-2525_
Kittitas County
Travel Authorization

Request for hereby made for authorization for travel at county expense for

NORBERT MARX
Employee's Name

08/20/2005 Through 08/27/2005:
Start Date To

NATIONAL INSTITUTE OF CORRECTIONS TRAINING CENTER
LONGMONT, COLORADO
Destination

The purpose of the trip:

INMATE BEHAVIOR MANAGEMENT TRAINING COURSE

Cost of Training:

Registration $ 0.00
Travel $ 0.00
Hotel $ 0.00
Salary $ 811.17

Signed this 21st day of APRIL, 2005.

Approved
Department Head Signature

This request approved by the Board of County Commissioners on this 25th day of
April, 2005.

Distribution of form:
1. Original sent to Commissioners for approval
2. Signed copy returned to Department
3. Copy must be attached to travel reimbursement request, hotel bill or registration form
# Kittitas County Sheriff's Office
## Training and Accreditation Unit

### Request for Training

<table>
<thead>
<tr>
<th>Employee:</th>
<th>LIEUTENANT MARX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>4/15/2005</td>
</tr>
<tr>
<td>Per. #:</td>
<td>30</td>
</tr>
</tbody>
</table>

**Training Course Title:** INMATE BEHAVIOR MANAGEMENT TRAINING PROGRAM  
**Dates:** From 8/21/2005 To 8/26/2005  
**Location:** LONGMONT, CO.  
**Sponsor:** NATIONAL INSTITUTE OF CORRECTIONS  
**Total Training Hours:** 44

I have not ☐ I have ☐ previously requested attendance, in ___ (Mo./Yr.)  
**Registration Costs:** Amount $0.00  
**Per Diem:** Amount $0.00  
Lodging: Yes ☑ No ☐ Amount: $0.00  
Employee listed has been registered  
Training outline attached  
Purchase Order(s) Request attached (If needed)

Will Overtime be required for your full attendance/travel? Yes ☐ No ☐

**Approving Staff Comments or Restrictions:**

____

**Supervisor Name:** UNDERSHERIFF MYERS

- Approved ☐ Fwd. to Training Manager for additional action
- Denied ☐ Return to employee / copy to "DOC" file

Reason for denial: _____
Training Request Checklist

DOCUMENTS AND INSTRUCTIONS NEEDED FOR SUCCESSFUL PROCESSING OF REQUESTS FOR TRAINING:

1. ☒ TRAINING REQUEST CHECKLIST
2. ☒ REQUEST FOR TRAINING FORM
3. ☐ PURCHASE ORDER REQUEST FORM(S)
4. ☒ TRAINING DOCUMENTATION & APPLICATION/REGISTRATION ☒ HAND DELIVERED
5. ☒ TRAVEL AUTHORIZATION FORM

DOCUMENT DESCRIPTIONS AND INSTRUCTIONS:

TRAINING REQUEST CHECKLIST
• INCLUDE THIS SHEET WITH PACKET AND CHECK OFF ITEMS INCLUDED IN PACKET.

REQUEST FOR TRAINING FORM
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PURCHASE ORDER REQUEST FORM(S)
• COMPLETE IN FULL A PURCHASE ORDER REQUEST FOR ANY TRAINING REGISTRATION, LODGING AND TRANSPORTATION EXPENSES. A SEPARATE PURCHASE ORDER REQUEST MUST BE COMPLETED FOR EACH VENDOR.

TRAINING DOCUMENTATION & APPLICATION/REGISTRATION
• INCLUDE APPLICATION/REGISTRATION & DOCUMENTATION FOR THE TRAINING THAT INDICATES THE DATE(S), TIME(S), LOCATION(S) AND WHAT MEALS/LODGING IS INCLUDED OR NOT INCLUDED IN THE PROGRAM.

TRAVEL AUTHORIZATION FORM
• THIS FORM WILL BE COMPLETED BY THE FINANCE SECTION OF THE SHERIFF'S OFFICE IF THE TOTAL COST OF THE TRAINING EXCEEDS $499 OR INVOLVES OUT OF WASHINGTON STATE TRAVEL.

PROCESSING INSTRUCTIONS:

1. EMPLOYEE
   a. EMAIL COMPLETED ELECTRONIC PACKET TO YOUR SUPERVISOR.

2. SUPERVISOR
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3. COMMAND STAFF
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   c. EMAIL COMPLETION NOTIFICATION, RESERVATION AND APPLICATION INFORMATION (IF HANDLED BY FINANCE) TO EMPLOYEE, SUPERVISOR AND TRAINING MANAGER.
Inmate behavior management training for three-person teams consisting of (1) the jail administrator, (2) the person in charge of the security staff, and (3) the person in charge of the inmate classification system.

This 44-hour program teaches participants the information and skills necessary to develop a formal plan to manage inmate behavior in their respective jails. It presents the six components of an inmate behavior-management plan, as follows:

- Assessing the risks and needs each inmate presents (inmate classification).
- Developing an inmate housing plan.
- Meeting basic inmate needs.
- Setting and conveying expectations for inmate behavior.
- Supervising inmates.
- Keeping inmates productively occupied.

For each component, participants are taught why the component is essential to the plan, the elements of the component, and the implementation strategies. The need for full integration of all components is also discussed. Participants work within their agency teams to assess where their jail currently stands in relation to each component and what improvements need to be made. Participants also identify the support, training, and other resources necessary to develop and implement the inmate behavior-management plan.

### Program Details:

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<tbody>
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<td>NIC Training Center, Longmont, CO</td>
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<td>Aug. 21-26, 2005</td>
<td>May 20, 2005</td>
<td>05-J2303</td>
<td>NIC Training Center, Longmont, CO</td>
</tr>
</tbody>
</table>

### Application Requirements:

http://www.nicic.org/WebPage_119.htm
Applicants must submit Form A.

APPLICATION FORMS

Form A: Adult Corrections Individual Application [Adobe PDF]

FIND RELATED PAGES

Training Programs
Training programs offered by the National Institute of Corrections.

Jails
Resources and services specifically for jail corrections professionals.
Application for Individuals

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Training program title: Inmate Behavior Management
Training program number: 05-J2303

For multiple program offerings, I cannot attend on the following date(s):

Name: Bert Marx
Mr. X Ms. ___ Mrs. ___

Social Security No. 536-44-5593
NOTE: Disclosure of your Social Security number is voluntary. NIC collects Social Security numbers as identifiers for records of training participants. Executive Order No. 9397.

Title: Lieutenant
Years in position: 1/2

Is your primary job responsibility staff training?
Yes _ No _

Agency: Kittitas County Sheriff's Office
Mailing address: 205 W 5th St, 11 Jail
City: Ellensburg County: Kittitas
State: WA ZIP code: 98926

Telephone (509) 962-7017 Fax (509) 962-7037
E-mail: marxnek.co.kittitas.wa.us

Primary area of corrections (check one):
___ Adult jail
___ Adult community corrections
___ Adult prison
___ Other (explain):

Signature: ________________

Type of agency (check one):
___ Federal—Bureau of Prisons
___ Federal—Other
___ State
___ Indian Country—Bureau of Indian Affairs
___ Indian Country—Tribal
___ Regional
___ County
___ Municipal
___ U.S. commonwealth or territory
___ Foreign
___ Private

Agency/institution Information:
Institution/facility population: 120 Capacity

or

Agency population: __________ Total number of agency staff: __________
Number of staff you supervise: __________

If training program is for team participation:
___ Each team member must complete an application.
___ Each team member's individual supplementary information is attached.
___ Team members must be listed below.
___ All applications must be sent together.

Only one team supplement is required for all team members. List team members below:

Sergeant Paula Hata
Officer Tracy Wilson
Lieutenant Bert Marx

If training program is for individual participation:
___ Attach the supplementary information required in the training program description.

I agree to:
___ Fully participate in this program and will complete all pre- and posttraining assignments.
___ Reside at the training site (for Longmont programs) for the duration of the program.

Date: 4/15/05
Endorsement of Application by Agency Chief Executive Officer

NIC will return as "incomplete" application forms that do not have the endorsement of the chief executive officer of the agency, as defined below.

- For **jails**. If the jail is under the sheriff, the sheriff must endorse the application. If not, the application must be endorsed by the chief executive officer of the local department of corrections.
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- For **community corrections**. The head of the agency, such as the chief probation officer, chairperson of the parole board, executive director of the agency, or director of the department of corrections, depending on the organizational structure of the agency.
- For **employees of the federal Bureau of Prisons**. Both the warden and the assistant director of human resource management at the central office.

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---

**Nomination/Endorsement**

Nomination or endorsement must be made by the chief executive officer as defined above.

I recommend **Lieutenant Bret Marx** for participation in the National Institute of Corrections training program for which this application is being submitted. This nomination is made on the basis that the candidate (individually or as a member of a team) will be in a position to effect improvement in our organization. The information provided is accurate and complete. I agree that if the participant in this training program develops an action plan for our agency, outcomes of the implementation will be provided on request to NIC to determine the impact of the training on our organization.

**Clayton Myers**

Signature of chief executive officer

4-21-05

Date

**CLAYTON MYERS**

Type or print name

7525

Telephone

**UNDER SHERIFF**

Title of chief executive officer

(509) 962-2820
Kittitas County
Travel Authorization

Request for hereby made for authorization for travel at county expense for

______________________
Employee's Name

______________________
Start Date

______________________
End Date

to

______________________
Destination

The purpose of the trip:

______________________
Asbestos training

Signed this ______ day of ____________.

______________________
Approved

Department Head Signature

This request approved by the Board of County Commissioners on this 25 day of April, 2005.

______________________
Chairman

______________________
Commissioner

______________________
Commissioner

Distribution of form:
1. Original sent to Commissioners for approval
2. Signed copy returned to Department
3. Copy must be attached to travel reimbursement request, hotel bill or registration form
Kittitas County

Travel Authorization

Request for hereby made for authorization for travel at county expense for

______________________________
Employee’s Name

4-3-05 through 4-8-05
Start Date

_________ ________
End Date

to

______________________________
Destination

______________________________
The purpose of the trip:

______________________________

Cost of Training:

Registration $________________
Travel (mileage) $________________
Hotel $________________
Salary $________________
Meals $________________

Signed this ____________________
24th day of March 2005

______________________________
Approved

______________________________
Department Head Signature

This request approved by the Board of County Commissioners on this ____________ day of
April, 2005.

______________________________
Chairman

______________________________
Commissioner

______________________________
Commissioner

Distribution of form:
1. Original sent to Commissioners for approval
2. Signed copy returned to Department
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