



**JOB PERFORMANCE DOCUMENTATION RECORD**

EMPLOYEE Lieutenant Jim Nobach DATE March 30, 2016

EMPLOYEE STATUS  PROBATIONARY  TRIAL SERVICE  
 PERMANENT  NON-PERMANENT

COUNSELING  POSITIVE RECOGNITION

**DETAILS:**

On March 29, 2016, I was informed that you participated in behavior that was not consistent with agency policies, rules, and regulations. Although, it is alleged that **the third party was not offended by your actions**, the existence of an offended party is not a requirement to support a violation of inappropriate conduct in the workplace. In addition, it is alleged that similar behavior by members of your staff has become an acceptable practice for an extended period of time.

On March 30, 2016, we met to address the allegations of inappropriate conduct in the workplace. We agreed that such behavior is unacceptable and will not be tolerated. You were reminded that it is critical for you, an Assistant Division Commander, to lead by example and establish/maintain work environments consistent with all agency rules, regulations, policies, and procedures.

You agreed to take immediate corrective actions to ensure behavior in your unit is consistent with agency values and goals related to employee conduct. You are also encouraged to make the necessary changes without jeopardizing the cohesive teamwork atmosphere that currently exists among your staff.

Your assistance is requested to identify and coordinate an instructor facilitated sexual harassment training/class opportunity for our entire division. I would like your unit to participate in the class as soon as possible. Please communicate with me if costs are required to hire an outside source to provide the training.

It is my hope that you will accept this 095 in the constructive manner in which it is intended and your future actions will be consistent with Agency standards and expectation

<u></u>	<u>D.J. Nobach</u>	<u>50</u>	<u>3/30/16</u>
EMPLOYEE'S SIGNATURE	EMPLOYEE'S PRINTED NAME	BADGE NO. (IF APPLICABLE)	DATE
<u></u>	<u>John H. Alexander</u>	<u>19</u>	<u>3/30/16</u>
SUPERVISOR'S SIGNATURE	SUPERVISOR'S PRINTED NAME	BADGE NO. (IF APPLICABLE)	DATE

cc: Supervisor Desk File (documentation file)