

# '1556

**BENCH DECISION AND AWARD**

ARBITRATOR: Anna D. Smith

HEARING DATE: March 27, 2002

GRIEVANT: John W. Mathews

GRIEVANCE #: 27-21-(01-11-23)-2351-01-03

DEPARTMENT: DR&amp;C

UNION: OCS&amp;A

MANAGEMENT  
ADVOCATE: Larry BlakeUNION  
ADVOCATE: Don Sargent**ISSUE**

Was The Grievant's 5-day suspension for violation of Rule 3b for just cause? If not, what is the remedy?

**AWARD**

The 5-day suspension was not for just cause and is reduced to a 3-day suspension.  
(modified)

ISSUED AT: Pickaway County, Ohio  
DATE: March 27, 2002

ARBITRATOR'S  
SIGNATURE:

Anna D. Smith



# Ohio Department of Rehabilitation and Correction

1050 Freeway Drive North  
Columbus, Ohio 43229

Bob Taft, Governor

www.drc.state.oh.us

Reginald A. Wilkinson, Director

## Step 3 Grievance Response

John Mathews / #27-21-011123-2351-01-03

January 15, 2002

A grievance was filed by the above-named employee, in accordance with Article 25 of the collective bargaining agreement between the State of Ohio and OCSEA/AFSCME, Local 11. Therein it is alleged that Article(s) and Section(s) 2.02, 24.01, 24.02, and 24.05 were violated.

A Step 3 Grievance Hearing was held at the Orient Correctional Institution (OCI) on January 10, 2002. Present at the Hearing were the following: Larry Blake, Thomas Napper, Donnie Sargent, John Mathews (Grievant), and myself.

As to the matter of procedural objections, both the Union and Management had none, and the hearing was considered properly constituted.

### **FACTS:**

On November 19, 2001, the Grievant was issued a five (5) day suspension for violation of the DRC Standards of Employee Conduct, rule #3b – Absenteeism: Failure to notify a supervisor of absence or follow call-in procedure.

### **UNION CONTENTION:**

The Union filed this grievance, on behalf of Correction Officer John Mathews. The Union contends that the 5-day suspension was not commensurate with the offense. The Union further contends that there was no just cause for the discipline, and that the discipline was not progressive. The Union argues that the disciplinary measures imposed shall be reasonable and shall not be used solely for punishment.

### **UNION REMEDY:**

Remove the 5-day suspension from the Grievant's personnel file. Reduce the discipline to a Written Reprimand, and be made whole.

### **DISCUSSION:**

On August 03, 2001, the Grievant's wife made a call-off on his behalf, for his assigned shift at 6:23 a.m. The Grievant's assigned shift is from 6:00 a.m. until 2:00 p.m. The call-off notice was not made ninety (90) minutes prior to the Grievant's assigned reporting time of 6:00 a.m., as required by Departmental policy and Article 29.03 of the collective bargaining agreement. The Grievant failed to notify a supervisor of absence or follow call-in procedure.



# Ohio Department of Rehabilitation and Correction

ORIENT CORRECTIONAL INSTITUTION

P.O. Box 511

Columbus, Ohio 43216

Bob Taft, Governor

Reginald A. Wilkinson, Director

## NOTICE OF DISCIPLINARY ACTION

*PR*

October 01, 2001

**John Matthews, Correction Officer:**

Pursuant to the authority granted in the Collective Bargaining Agreement between the State of Ohio and OCSEA, you are hereby notified that you are being **suspended for ten (10) days** from your position effective:

You are being **suspended ten (10) days** for the following violation(s) of the Standard of Employee Conduct:

**#3b-Absenteeism: Failure to notify a supervisor of absence or follow call-in procedure**

On August 03, 2001, your wife made a call-off on your behalf, for your assigned shift at 6:23 A.M. Your assigned shift is from 6:00 A.M. until 2:00 P.M. This notice was not made ninety (90) minutes prior to your assigned reporting time of 6:00 A.M., as required by Departmental policy and Article 29.03 of the collective bargaining agreement. Therefore, you failed to notify a supervisor of absence or follow call-in procedure.

Pursuant to the AFSCME/OCSEA Collective Bargaining Agreement, you may chose to grieve this disciplinary action. Please be advised that you must file a grievance through your Union representative within fourteen (14) calendar days of the notification of this action.

Robert E. Beightler, Warden  
Orient Correctional Institution

*11/1/01*

Date

Director

Department of Rehabilitation & Correction

Date



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**QIS**  
**TP**



# Ohio Department of Rehabilitation and Correction

ORIENT CORRECTIONAL INSTITUTION

P.O. Box 511

Columbus, Ohio 43216

Bob Taft, Governor

Reginald A. Wilkinson, Director

**TO:** Terri Decker, Chief  
Labor Relations  
*[Signature]*  
**FROM:** Robert Beighler, Warden  
Orient Correctional Institution

**DATE:** October 01, 2001

**SUBJECT: Request for Approval for the issuance of a ten (10) day suspension for John Matthews, Corrections Officer**

Enclosed are two (2) copies of documentation recommending a ten (10) day suspension.

The Pre-Disciplinary hearing was conducted on September 21, 2001.

**The 45 day limit is November 05, 2001.**

We would appreciate your prompt response.

LB:llb

cc: Human Resources  
File

Enclosure



## JUST CAUSE WORKSHEET

Employee Name: John Matthews  
Classification: Correction Officer  
Employee Appointment Date: June 03, 1979  
Date of Alleged Misconduct: August 03, 2001

- 1) **Did the employer give the employee forewarning or foreknowledge of the possible or probable disciplinary consequences of the employee's conduct?**

*Yes. Officer Matthews received and signed for a copy for the Standards of Employee Conduct when hired at OCI, which includes the rule violated.*

- 2) **Was the employer's rule or managerial order reasonably related to the employer's business and the performance that the employer might properly expect of the employee? (Note: For off duty conduct, explain nexus with the job.)**

*Yes, the action of the employee fell within the parameters of the rule charged. The rules are set forth in order to insure the safe, secure, and efficient operation of the Institution.*

- 3) **Did the employer, before administering the discipline to the employee, make every effort to discover whether the employee did in fact violate or disobey a rule or managerial order?**

*Yes, Capt. Hall-Averette conducted an investigatory interview on 08/20/01.*

- 4) **Was the employer's investigation conducted fairly and objectively? What mitigating/aggravating circumstances has the employer considered?**

*Yes, a pre-disciplinary hearing was conducted in a fair, objective and conscientious manner. All Department Policies were followed. The employee was given an opportunity to exercise all rights with respect to proper notification, union representation and discovery.*

*Mitigating: Officer Matthews has an active FMLA on file.*

*Aggravating: None*

- 5) **Did the management official acting as "judge" obtain substantial evidence or proof that the employee was guilty as charged?**

*Yes, as shown by the documents contained herein.*

- 6) **Has the employer applied its rules, orders, and penalties evenhandedly and without discrimination to all employees?**

*Yes. The Orient Correctional Institute follows the Standard of Employee Conduct.*

- 7) **Was the degree of discipline administered by the employer in this case reasonably related to:**

- a) **the seriousness of the employee's proven offense;**

*Yes, the instant cases along with the employee's previous record of discipline were considered and the appropriate progressive discipline was given accordingly.*

- b) **the record of the employee in service with the employer?**

*Yes, the employee's personnel record was reviewed.*

## **PRIOR DISCIPLINE**

*See attached Discipline History*

- 8) **Comments.**

*None*

  
\_\_\_\_\_  
Appointing Authority/Designee

9/27/01  
\_\_\_\_\_  
Date

# Disciplinary History

## Orient Correctional Institution

**Employee Name:** John Matthews, Corrections Officer

**Employment Date:** 06/03/79

**Union Affiliation:** OCSEA

DATE	ACTION	CHARGE
08/22/00	Written Reprimand	#3h – Absenteeism: Being absent without proper authorization
07/28/00	24 hour fine	#2b – Tardiness: Shift Tardy
01/20/00	10 day suspension	#2b – Tardiness: Shift Tardy
07/26/99	Written Reprimand	#7 – Failure to follow post orders, administrative regulations, policies, procedures or directives
03/15/99	Written Reprimand	#7 – Failure to follow post orders, administrative regulations, policies, procedures or directives
10/30/98	Written Reprimand	#8 – Failure to carry out a work assignment or the exercise of poor judgement in carrying out an assignment
09/09/98	5 day fine	#2b – Shift Tardiness
03/23/98	3 day suspension	#2b – Shift Tardiness <b>Reduced to a 1 day suspension</b>
03/23/98	7 day suspension	#3b – Failure to notify a supervisor of absence or follow call-in procedures and #3h – Being absent without proper authorization (AWOL) - <b>Reduced to a 5 day suspension</b>
01/05/98	Written Reprimand	#2b – Shift Tardiness
11/11/97	5 day suspension	#3b – Failure to notify a supervisor of absence or follow call-in procedures and #3h – Being absent without proper authorization (AWOL) - <b>Reduced to a 3 day suspension</b>
07/08/97	1 day suspension	#2b – Shift Tardiness
02/12/97	16 hour fine	#3b – Failure to notify a supervisor of absence or follow call-in procedures and #3h – Being absent without proper authorization (AWOL)
10/11/96	Written Reprimand	#2b – Shift Tardiness

[illegible]



**PREDISCIPLINARY CONFERENCE  
HEARING OFFICER'S REPORT**

**Employee Name:** John Matthews

**Date of Hearing:** September 21, 2001

**Alleged S.E.C. Rule Violation(s):**

**#3b – Absenteeism: Failure to notify a supervisor of absence or  
follow call-in procedure**

**Individuals/Witnesses present:**

**Hearing Officer – Larry L. Blake  
Employee – John Matthews  
Representation – Thomas Napper**

**Dates and Events:**

**It is alleged that Correction Officer John Matthews violated  
the Standards of Employee Conduct as follows;**

On August 03, 2001, the wife of Officer John Matthews called off on his behalf, for his assigned shift at 6:23 a.m. Officer Matthews' assigned shift is from 6:00 a.m. until 2:00 p.m. This notice was not made ninety (90) minutes prior to his assigned reporting time of 6:00 a.m., as required by Departmental policy and Article 29.03 of the collective bargaining agreement.

**Employee Statement:**

Officer Matthews stated that he took a medication called Soma, which he has been taking for six (6) or seven (7) years, but doesn't take that often due to his sobriety. He states that the medication put him in a deep, deep sleep. Officer Matthews stated that he was in the room by himself and his wife tried to wake him up after she received a call from Captain Morris. Officer Matthews wife tried to wake him, then called him off.

Officer Matthews states that he doesn't like taking the medication, but it's the only one that works. Further, he told Captain Morris that he couldn't schedule a doctor's appointment until the 16<sup>th</sup>, and that it was put on his Request for Leave. (See attached Question and Answer sheet)

**Union comments:**

The Union states that the medication Officer Matthews took is used for an FMLA related illness. So the call-off was FMLA related. It's the only medication he can take; it can't be changed by the doctor.

**Mitigating circumstances:** Officer Matthews has an active FMLA on file.

**Aggravating circumstances:** None

**Hearing Officer's Decision:** There is Just Cause for disciplinary action. Officer John Matthews stated that he normally gets up at 4:30 a.m. The call-off was made at 6:30 a.m., and was made by his wife only after Captain Morris made a call to the house. Officer Matthews's states that he has been taking the medication for six or seven years, which should have given him advance knowledge of the effects it would cause in regards to drowsiness. He further states that it's the only medication he could take, yet scheduled a doctor's appointment, after which there is no indication that the purpose was to address a possible change in medication or even address the drowsiness issue.

Officer Matthews in submitting his Request for Leave did not note on the form that the illness was in regards to an existing FMLA related condition. Officer Matthews is well aware of the requirements of identifying absences due to a condition for which an FMLA Certification form is on file. Further, on his Request for Leave dated August 20, 2001, for the absence on August 16, 2001, the scheduled date for the doctor's appointment, a request was made for sixteen (16) hours of sick leave. Documentation was attached, the same documentation used for the absence on August 03, 2001. The leave form did not state that the absence was due to an FMLA certification on file.

**There IS JUST CAUSE for discipline for violation S.E.C. Rule Violation(s):**

#3b - Absenteeism: Failure to notify a supervisor of absence or follow call-in procedure

  
Larry L. Blake

09/26/01  
Date

Ref. 01-062

**PREDISCIPLINARY HEARING  
SEPTEMBER 21, 2001  
JOHN MATTHEWS, CORRECTIONS OFFICER  
LARRY L. BLAKE, HEARING OFFICER**

1. Please state your name.

J.W. Matthews

JWM

2. How long have you been employed at the Orient Correctional Institution?

23 years

JWM

3. On August <sup>03<sup>rd</sup></sup> 2001, did your wife call you off for your assigned shift?

Yes she did

JWM

4. At what time was the call-off made?

6:23 AM

JWM

5. What was the reason for the call-off?

She was unable to wake me up.

JWM

6. Did you supply documentation in regards to your call-off?

Yes. A doctors slip.

JWM

7. Was the reason for your call-off FMLA related?

In a way it was, in a way it wasn't. My wife didn't call me off FMLA. It was due to the medication, it's for FMLA injury.

JWM

8. Do you have any questions?

No

J.W. Matthews  
John Matthews

9. What was the medication?  
Soma

JWM

R. S. Hy  
Union Representative

10. How long have you been taking the medication?  
Six or Seven years

JWM

UNION

The medication is used for a FMLA related illness. So the call-off was FMLA related.

STATEMENT

Don't take the medication that often, due to sobriety. Put me in a deep deep sleep. My wife knows what it does to me. Captain Morris called the nurse and told me to come on in. Wife tried to wake me

**PREDISCIPLINARY HEARING – REF. # 01-062**  
**SEPTEMBER 21, 2001**  
**JOHN MATTHEWS, CORRECTIONS OFFICER**  
**LARRY L. BLAKE, HEARING OFFICER**

1. Please state your name.  
*a. J. W. Matthews*
2. How long have you been employed at the Orient Correctional Institution?  
*a. 23 years*
3. On August 03, 2001, did your wife call you off for your assigned shift?  
*a. Yes she did.*
4. At what time was the call-off made?  
*a. 6:23 a.m.*
5. What was the reason for the call-off?  
*a. She was unable to wake me up.*
6. Did you supply documentation in regards to your call-off?  
*a. Yes. A doctor's slip.*
7. Was the reason for your call-off FMLA related?  
*a. In a way it was, in a way it wasn't. My wife didn't call me off FMLA. It was due to the medication, it's for FMLA injury.*
8. Do you have any questions?  
*a. No.*

**Questions added during the hearing**

9. What was the medication?  
*a. Soma*
10. How long have you been taking the medication?  
*a. Six or seven years.*
11. What time do you normally get up for work?  
*a. Normally at 4:30 a.m., I was in the room by myself, wife didn't know until Capt. Morris called the house.*

**Union Statement**

*The medication is used for a FMLA related illness. So the call-off was FMLA related. It's the only medication he can take, it can't be changed by the doctor.*

**Employee Statement (Matthews)**

*Don't take medication that often, due to sobriety. Put me in a deep, deep sleep. My wife knows what it does to me. Captain Morris called the house and told my wife to have me come on in. Wife tried to wake me, then called me off. Conversation between wife and Captain Morris as to whether she would have to take me to the hospital. Doesn't like taking the medication, but it's the only one that works. Told Captain Morris I couldn't schedule a doctor's appointment until the 16<sup>th</sup>, it was put on the Request for Leave.*

**ACKNOWLEDGEMENT AND WAIVER  
OF  
RIGHT TO REPRESENTATION**

I acknowledge my right to have a representative present at a:

\_\_\_\_\_ Investigatory Interview  
☒ \_\_\_\_\_ Pre-disciplinary Conference  
\_\_\_\_\_ Use of Force Committee Hearing

that may lead to disciplinary action:

I hereby:

\_\_\_\_\_ Waive my right to a Representative.  
\_\_\_\_\_ Do not waive my right to a Representative.

Thomas Nance JRS My  
Representatives Name

J. Matthews  
Employee Signature

[Signature]  
Witness Signature

9-21-01  
Date

09/21/01  
Date

**PRE-DISCIPLINARY CONFERENCE**

JOHN MATTHEWS  
EMPLOYEE NAME

SEPT. 21, 2001  
DATE

1. This conference is an informal fact finding session, not a legal proceeding. It will focus only on the issue at hand, and it will be conducted in an orderly manner. Do you understand?

YES ☒ NO ☐

2. Do you understand possible disciplinary action could be taken against you as a result of the charges(s)?

YES ☒ NO ☐

3. The purpose of this conference is to give you and/or your representative the opportunity to ask questions, comment, refute, or rebut management's contentions. Do you understand?

YES ☒ NO ☐

4. Are there any procedural errors you and/or your representative wish to present?

No

5. Article 24.06 lists the guidelines for use of your prior disciplinary record (if applicable).

Yes

6. Failure to observe the rules of this conference could be cause for termination of this conference. Do you understand?

YES ☒ NO ☐

My signature indicates that the above questions were presented and answered by me and/or my union representative.

J. Matthews  
EMPLOYEE NAME

9-21-01  
DATE

R. P. Ky  
UNION REPRESENTATIVE

9-21-01  
DATE



# Ohio Department of Rehabilitation and Correction

ORIENT CORRECTIONAL INSTITUTION

P.O. Box 511

Columbus, Ohio 43216

Bob Taft, Governor

Reginald A. Wilkinson, Director

**TO: John Matthews, Corrections Officer**

**FR: Robert E. Beightler, Warden**

**RE: Notice of Predisciplinary Conference**

**DA: September 13, 2001**

**Ref. #01-062**

You are hereby placed on notice that a predisciplinary conference is scheduled for the following time and location:

**Location: Administration Building, Labor Relations Office**  
**Date: September 21, 2001**  
**Time: 7:00AM**  
**Hearing Officer: Larry L. Blake, Labor Relations Officer**

The predisciplinary conference is being scheduled because it is alleged that you have violated the following Standard of Employee Conduct Rule(s):

**#3b – Absenteeism: Failure to notify a supervisor of absence or follow call-in procedure**

On August 03, 2001, your wife made a call-off on your behalf, for your assigned shift at 6:23 A.M., Your assigned shift is from 6:00 A.M. until 2:00 P.M. This notice was not made ninety (90) minutes prior to your assigned reporting time of 6:00 A.M., as required by Departmental policy and Article 29.03 of the collective bargaining agreement. Therefore, you failed to notify a supervisor of absence or follow call-in procedure.

A finding of just cause as a result of the predisciplinary conference could result in a fine, suspension, or removal. Any discipline as a result of a just cause finding shall be based upon the Standards of Employee Conduct and the Ohio Revised Code Section 124.34.

During the predisciplinary conference, you shall have the opportunity to present an explanation, any mitigating circumstances, documents, and witnesses. You may have a representative to accompany you at his conference and you may question any witnesses. Witnesses on your behalf must be made known to the hearing officer prior to the conference, along with the nature of their testimony. You must notify any witnesses which you wish to have present and who are not scheduled to work at the time of the conference. These witnesses shall not be compensated by the Department for their appearance.

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This is your only notice of the predisciplinary conference. You may waive this conference by signing the enclosed predisciplinary waiver form. Failure to appear at the predisciplinary conference shall result in a waiver of your rights to the said conference.

## **PREDISCIPLINARY CONFERENCE MANAGEMENT WITNESS/DOCUMENT LIST**

The following information will be presented to the hearing officer at the Predisciplinary Conference on September 21, 2001. If additional witnesses become known to us, they will be provided.

Witnesses:

Documents: (copies attached)

- 1) OCI Attendance Disciplinary Investigation Form prepared by Capt. Hall-Averette, dated August 20, 2001. Investigatory interview held on August 20, 2001, for the 08/03/01 call-off.
- 2) Employee Call-Off Form for the date of August 03, 2001.
- 3) Request for Leave form dated August 07, 2001.
- 4) Victorian Village Internal Medicine form dated August 16, 2001.
- 5) John Matthews OCI Discipline History.

  
\_\_\_\_\_  
Appointing Authority/Designee

9/12/01  
\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF NOTICE  
WAIVER OF PREDISCIPLINARY HEARING**

I acknowledge receipt of this notice and hereby waive my rights to a predisciplinary conference. I realize that by signing this waiver, I give up the right to have a predisciplinary conference and to present my arguments and to question witnesses.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I acknowledge receipt of this notice and choose not to waive my right to a predisciplinary conference.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**PREDISCIPLINARY CONFERENCE  
EMPLOYEE'S REQUEST FOR WITNESSES**

Dear Sirs:

I hereby respectfully request the following persons to be present at the Predisciplinary Conference scheduled for \_\_\_\_\_.

Name: \_\_\_\_\_

Relevant Testimony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relevant Testimony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relevant Testimony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relevant Testimony: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relevant Testimony: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VERIFICATION OF PDC NOTIFICATION AND  
REQUEST FOR ON DUTY EMPLOYEE(S)**


To: John Mathews, Corrections Officer

From:  Robert Beighler, Warden

Please be advised that we will require your presence on September 21, 2001 at 7:00 a.m. for participation in a Predisciplinary Conference.

\*\*\*\*\*  
\*\*\*\*\*

I hereby verify that I received my notice of a Predisciplinary Conference scheduled for September 21, 2001.

 9/17/01  
Supervisor Signature - Date

 9-17-01  
Employee Signature - Date

\*\*\*\*\*  
\*\*\*\*\*

I could not deliver this notice of the scheduled Predisciplinary Conference to: \_\_\_\_\_

\_\_\_\_\_, because, \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature - Date

**TO BE RETURNED TO LABOR RELATIONS AS SOON AS POSSIBLE**

Last Name	First Name	1st Offense	2nd Offense	3rd Offense	Discipline	Date Imposed
Mathews	John	2a			VR	12/20/93
Mathews	John	2b			1 day suspe	7/ 8/97
Mathews	John	2b			1 day suspe	3/23/98
Mathews	John	2b			10 day susp	1/20/00
Mathews	John	2b			24 hour fine	9/ 9/98
Mathews	John	2b			24 hour fine	7/28/00
Mathews	John	2b			VR	5/ 6/94
Mathews	John	2b			WR	12/21/93
Mathews	John	2b			WR	4/12/96
Mathews	John	2b			WR	10/11/96
Mathews	John	2b			WR	1/ 5/98
Mathews	John	2b	3d		1 day suspe	5/10/95
Mathews	John	2b	3d		3 day suspe	7/31/95
Mathews	John	2b	3d		WR	10/21/94
Mathews	John	3b	3h		16 hour fine	2/12/97
Mathews	John	3b	3h		3 day suspe	11/11/97
Mathews	John	3b	3h		5 day suspe	3/23/98
Mathews	John	3b	3h	3j	removal	10/ 3/00
Mathews	John	3d			VR	1/13/94
Mathews	John	3d			WR	5/19/95
Mathews	John	3h			WR	8/22/00
Mathews	John	47			removal	6/ 1/98
Mathews	John	7			WR	3/15/99
Mathews	John	7			WR	7/26/99
Mathews	John	8			VR	12/21/93
Mathews	John	8			WR	10/30/98

ATTENDANCE DISCIPLINARY  
INVESTIGATORY FORM

Ref. # 01-062

TO: R. BEIGHTLER WARDEN  
FROM: CAPT. HALL-AVERETTE SUPERVISOR  
DATE: 8/20/01  
REGARDING EMPLOYEE: J.W. Matthews

Please be advised that the above named employee has allegedly violated the following Standard(s) of Employee Conduct

- ☐ 2b- Shift Tardy, Date: \_\_\_\_\_  
Corrective counseling? \_\_\_\_\_ Date: \_\_\_\_\_
- ☒ 3b- Failure to notify supervisor of a absence and / or failuer to follow call-in procedures.  
Date: 8-3-01 ( attach call-in form ) 0623
- ☐ 3c- Failure to submit a completed " Request for Leave " form in specified time.  
Date: \_\_\_\_\_ ( within three (3) working days upon return)
- ☐ 3d- Pattern abuse. Date: \_\_\_\_\_ Date of pattern abuse form: \_\_\_\_\_
- ☐ 3f- Failure to provide physician's verification when required. Date: \_\_\_\_\_
- ☐ 3h- Being absent without proper authorization ( A.W.O.L ). Date: \_\_\_\_\_
- ☐ Attendance other S.E.C. Rule(s) # \_\_\_\_\_

Mitigating or Aggravating Factors:

OFFICER J.W. MATTHEWS HAD TAKEN HIS MEDICATIONS (MUSCLE RELAXANTS) THE EVENING PRIOR FOR HIS BACK PROBLEMS. THE RELAXANT CAUSES HIM TO SLEEP EXCESSIVELY.

Capt. Hall-Averette 8/20/01 J.W. Matthews [Signature]  
Supervisor Date Employee Representative Date  
Representation Waived \_\_\_\_\_ ( Employee Initials ) AD

Next question to be completed by Labor Relations Officer:

Previous violations: see attached Discipline History

[Signature] 09/06/01  
Labor Relations Officer Date

Warden's action: PREDISCIPLINARY HEARING

Robert E. Beightler 9701  
Warden Date

APPENDIX C

# Employee Call-Off Form

#4

TO BE COMPLETED BY PERSON TAKING CALL

Employee Name: <u>J. W. Matthews</u>		Caller: <u>wife</u>
Call Taken By: <u>Costa</u>		
Date/Time of Call: <u>8-3-01</u>		<u>0623</u>
Date of Absence: <u>8-3-01</u>		Date You Will Return: <u>NDoc</u>
Department: <u>custody</u>		
Work Schedule: <u>1st</u>		
Phone No. where you can be reached: <u>497-8478</u>		

## Reason:

- ☒ Illness  
☐ Vacation  
☐ Personal  
☐ Emergency

- ☐ Bereavement  
☐ Accident  
☐ Other \_\_\_\_\_  
(Specify)

## Family Illness:

- ☐ Spouse  
☐ Son/Daughter  
☐ Parent  
☐ Other \_\_\_\_\_  
(Specify)

## \*Comments:

took medication, could not wake up  
documentation required

## Request For Leave

Name (Last) MATTHEWS (First) JOHN (Middle Initial) W. Date 8-7-01

Employing Unit

O C I

I request leave

Beginning

5:30  
(time)P.M.8-3  
(date)2001  
(year)

and

Ending

2:00  
(time)A.M.8-3  
(date)2001  
(year)

for the following reason:

## Mark Appropriate Boxes Below:

☒ Sick Leave # of Hours 8 (Explain) Doctor's Appt. scheduled 8-16-01 for pending documentation

☐ Vacation # of Hours \_\_\_\_\_ ☐ Personal # of Hours \_\_\_\_\_ ☐ Compensatory # of Hours \_\_\_\_\_

☐ Leave Without Pay (Explain)

☐ Bereavement Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_ Date of death \_\_\_\_\_

(Attach copy of subpoena or summons)

☐ Jury Duty ☐ Witness Duty

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

☐ Military With Pay ☐ Military Without Pay

Event Date

Do you wish to supplement?

☐ Adoption / Childbirth Leave

☐ Yes ☐ No

☐ Pending Disability ☐ Pending Workers' Compensation

Do you wish to supplement?

☐ Yes ☐ No

☐ Other (Explain)

Is this absence due to a condition for which an FMLA Certification form is on file?

☐ Yes ☐ No

Total Hours Requested

I have insufficient sick leave for the above request.  
I request the following in lieu of sick leave:

☐ Vacation ☐ Personal  
☐ Compensatory ☐ Leave Without Pay

I certify that this request for leave form contains true and complete information.

Signature of Employee

J. W. Matthews

## Administrative Action

☐ Recommended ☒ Not Recommended

☐ Approved ☐ Disapproved

Supervisor Signature

Date

Appointing Authority Signature

Date

Remarks

Remarks

Late call off and no documentation submitted in accordance w/ sick leave policy. Disciplinary hearing pending.



# VICTORIAN VILLAGE INTERNAL MEDICINE



**INTERNAL MEDICINE**  
MILTON I. SETNAR, D.O., FACOI  
JAMES BLOCH, D.O., FACOI

**GENERAL MEDICINE**  
KENNETH W. SAUL, D.O.  
BRIAN J. BEESLEY, D.O.

**EMERITUS**  
WILLIAM J. NAGY, D.O.  
ELI N. PERENCEVICH, D.O.  
KIRK L. HILLIARD, D.O.

**SUB-SPECIALTIES**  
LINCOLN C. CONAWAY, D.O., FACOI  
Gastroenterology  
HAROLD DYER, D.O.  
Chest Diseases

Date: 8-16-01

Patient Name John Mathews

To Whom It May Concern:

Please excuse my above named patient from work/school as they have been under my care or seen in my office. This excuse is from 8/13/01 thru 8/16/01.

The patient should have the following restrictions upon returning to work/school

Magbrenia none

If you have any questions regarding this letter please contact my office at (614) 299-3333.

Sincerely,

Dr. Saul D.O./ Maggie



State of Ohio  
**Request For Leave**

Name (Last) MATHEWS (First) J. W. (Middle Initial) W. Date 8-20-01

Employing Unit O.C.I.

I request leave Beginning 5:50 (time) ☒ A.M. ☐ P.M. 8-16 (date), 2001 (year), and Ending 2:00 (time) ☐ A.M. ☒ P.M. 8-17 (date), 2001 (year), for the following reason:

**Mark Appropriate Boxes Below:**

☒ Sick Leave # of Hours 16 (Explain) Documentation Attached

☐ Vacation # of Hours          ☐ Personal # of Hours          ☐ Compensatory # of Hours         

☐ Leave Without Pay (Explain)         

☐ Bereavement Name of Deceased          Relationship          Date of death         

(Attach copy of subpoena or summons)

☐ Jury Duty ☐ Witness Duty

(Attach copy of orders, or other appropriate documentation, that support request for Military leave)

☐ Military With Pay ☐ Military Without Pay

☐ Adoption / Childbirth Leave Event Date          Do you wish to supplement? ☐ Yes ☐ No

☐ Pending Disability ☐ Pending Workers' Compensation Do you wish to supplement? ☐ Yes ☐ No

☐ Other (Explain)          Is this absence due to a condition for which an FMLA Certification form is on file? ☐ Yes ☐ No Total Hours Requested         

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

☐ Vacation ☐ Personal ☐ Compensatory ☐ Leave Without Pay

I certify that this request for leave form contains true and complete information.

J. W. Mathews  
Signature of Employee

**Administrative Action**

☒ Recommended ☐ Not Recommended

Supervisor Signature [Signature] Date 8/21/01

Remarks Documentation Attached.

☒ Approved ☐ Disapproved

Appointing Authority Signature [Signature] Date 8/23/01

Remarks Sl 8/22/01

# VICTORIAN VILLAGE INTERNAL MEDICINE



INTERNAL MEDICINE  
MILTON I. SETNAR, D.O., FACOI  
JAMES BLOCH, D.O., FACOI

GENERAL MEDICINE  
KENNETH W. SAUL, D.O.  
BRIAN J. BEESLEY, D.O.

EMERITUS  
WILLIAM J. NAGY, D.O.  
ELI N. PERENCEVICH, D.O.  
KIRK L. HILLIARD, D.O.

SUB-SPECIALTIES  
LINCOLN C. CONAWAY, D.O., FACOI  
Gastroenterology  
HAROLD DYER, D.O.  
Chest Diseases

Date: 8-16-01  
Patient Name John Mathews

To Whom It May Concern:

Please excuse my above named patient from work/school as they have been under my care or seen in my office. This excuse is from 8/16/01 thru 8/17/01.  
The patient should have the following restrictions upon returning to work/school

none

If you have any questions regarding this letter please contact my office at (614) 299-3333.

Sincerely,

DN Saul D.O. Mabrie

State of Ohio  
**Request For Leave**

*Resubmitted*

Name	(Last) <b>MATTHEWS</b>	(First) <b>J.</b>	(Middle Initial) <b>W.</b>	Date <b>8-20-01</b>
Employing Unit	<b>O.C.I.</b>			

I request leave Beginning 6:28 (time) ☒ A.M. ☐ P.M. 8-3 (date), 2001 (year), and Ending 2:00 (time) ☐ A.M. ☒ P.M. 8-3 (date), 2001 (year), for the following reason:  
**PHYSICIAN REEPLY D.O.**

**Mark Appropriate Boxes Below:**

☒ Sick Leave # of Hours 8 (Explain) Documentation Issued to Capt. ROBERT 8-20-

☐ Vacation # of Hours \_\_\_\_\_ ☐ Personal # of Hours \_\_\_\_\_ ☐ Compensatory # of Hours \_\_\_\_\_

☐ Leave Without Pay (Explain) \_\_\_\_\_

☐ Bereavement Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_ Date of death \_\_\_\_\_

☐ Jury Duty (Attach copy of subpoena or summons) \_\_\_\_\_ ☐ Witness Duty \_\_\_\_\_

☐ Military With Pay (Attach copy of orders or other documentation) \_\_\_\_\_ ☐ Military Without Pay \_\_\_\_\_

☐ Adoption / Childbirth Leave To Which It Relates \_\_\_\_\_ Date \_\_\_\_\_ Do you wish to supplement? ☐ Yes ☐ No

☐ Pending Disability ☐ Pending Workers' Compensation Do you wish to supplement? ☐ Yes ☐ No

☐ Other (Explain) \_\_\_\_\_ Is this absence due to a condition for which an FMLA Certification form is on file? ☐ Yes ☐ No

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

☐ Vacation ☐ Personal ☐ Compensatory ☒ Leave Without Pay

**Administrative Action**

<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Supervisor Signature _____ Date <u>8/21/01</u>	Appointing Authority Signature _____ Date <u>8/22/01</u>

Remarks \_\_\_\_\_

**Documentation Attached.**

# Employee Call-Off Form

TO BE COMPLETED BY PERSON TAKING CALL

Employee Name: <u>J. W. Matthews</u>		Caller: <u>wife</u>
Call Taken By: <u>Capt Dm</u>		
Date/Time of Call: <u>8-3-01</u> <u>0623</u>		
Date of Absence: <u>8-3-01</u>		Date You Will Return: <u>NDOC</u>
Department: <u>Custody</u>		
Work Schedule: <u>1st</u>		
Phone No. where you can be reached: <u>497-8478</u>		

## Reason:

- ☒ Illness
- ☐ Vacation
- ☐ Personal
- ☐ Emergency

- ☐ Bereavement
- ☐ Accident
- ☐ Other \_\_\_\_\_

(Specify)

## Family Illness:

- ☐ Spouse
- ☐ Son/Daughter
- ☐ Parent
- ☐ Other \_\_\_\_\_

(Specify)

## \*Comments:

took medication, could not wake up.  
Documentation required

THIS FORM IS TO BE RETURNED TO THE STOO

## Request For Leave

Name (Last) MATHEWS (First) John (Middle Initial) W. Date 8-7-01

Employing Unit

O C I

I request leave

Beginning

5:50  
(time)P.M.8-3  
(date)2001  
(year)

and

Ending

2:00  
(time)A.M.  
P.M.8-3  
(date)2001  
(year)

for the following reason:

## Mark Appropriate Boxes Below:

☒ Sick Leave # of Hours 8 (Explain) Doctor's Appt. scheduled 8-16-01 for pending DOCUMENTATION

☐ Vacation # of Hours        ☐ Personal # of Hours        ☐ Compensatory # of Hours       

☐ Leave Without Pay (Explain)       

☐ Bereavement Name of Deceased        Relationship        Date of death       

(Attach copy of subpoena or summons)

☐ Jury Duty ☐ Witness Duty

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

☐ Military With Pay ☐ Military Without Pay

☐ Adoption / Childbirth Leave Event Date        Do you wish to supplement? ☐ Yes ☐ No

☐ Pending Disability ☐ Pending Workers' Compensation Do you wish to supplement? ☐ Yes ☐ No

☐ Other (Explain)        Is this absence due to a condition for which an FMLA Certification form is required? ☐ Yes ☐ No

I have submitted this request for leave for the above request. I certify that this request for leave form contains true and complete information.

☐ Vacation ☐ Personal ☐ Compensatory ☐ Leave Without Pay

## Administrative Action

☐ Recommended ☒ Recommended ☐ Approved ☒ Disapproved

Appointing Authority Signature        Date 8-9-01 Appointing Authority Signature        Date 8/10/01

Remarks

Employee Call-Off Form

TO BE COMPLETED BY PERSON TAKING CALL

Employee Name:	John Mathews	Caller:	SELF
Call Taken By:	Capt. D. Wilson		
Date/Time of Call:	8/17/01 3:14 AM		
Date of Absence:	8/17/01	Date You Will Return:	NDOC
Department:	Custody		
Work Schedule:	1st shift		
Phone No. where you can be reached:	base II		

Reason:

- ☒ Illness  
☐ Vacation  
☐ Personal  
☐ Emergency

- ☐ Bereavement  
☐ Accident  
☐ Other \_\_\_\_\_  
(Specify)

Family Illness:

- ☐ Spouse  
☐ Son/Daughter  
☐ Parent  
☐ Other \_\_\_\_\_  
(Specify)

\*Comments:





# **Labor Relations Office**

*The Orient Correctional Institution  
Orient, Ohio 43146*

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Robert Beightler, Warden

Larry L. Blake, Labor Relations Officer

**TO:** Captain K. Hall-Averette and Captain D. Morris, First Shift Supervisors

**FROM:** Larry L. Blake, Labor Relations Officer *LLB*

**DATE:** September 13, 2001

**RE:** **RELIEF OF OFFICER FOR PREDISCIPLINARY CONFERENCE**  
(Ref. No. 01-062)

A Predisciplinary Conference has been scheduled for the employee listed below on the date and time indicated. Please provide timely relief of this officer and appropriate Union representation to attend this Predisciplinary Conference.

**EMPLOYEE:** John Matthews

**DATE/TIME:** September 21, 2001 at 7:00 a.m.

Thank you for your cooperation and assistance. Should you have any questions, please contact my office at ext. 561.

LB:llb

cc: Warden  
File