

3/8/2004	VALDERS FIRE	CPR RECERT	4	103.0
3/11/2004	FVTC	FACES ID	8	111.0
3/17/2004	NWTC	HOMICIDE CONFERENCE	20	131.0
3/26/2004	CASO	BLOODBORNE PATHOGENS	1	132.0
5/27/2004	MILWAUKEE	FORENSIC EPIDEMIOLOGY	6	138.0
2004-2005				
7/19/2004	CASO	SIMGUN TRAINING	4	4.0
9/17/2004	FVTC	ADVANCED REID INTERVIEW	8	12.0
11/18/2004	MISC	POSTAL FRAUD SEMINAR	4	16.0
3/16/2005	NWTC	HOMICIDE CONFERENCE	20	36.0
4/8/2005	CASO	BLOODBORNE PATHOGENS	1	37.0

5/3/2005	CASO	FIREARMS HANDGUN	2	39.0
5/11/2005	FVTC	EVOC	4	43.0
6/1/2005	CASO	SEXUAL HARASSMENT TRAINING	2	45.0
2005-2006				
7/14/2005	CASO	FIREARMS HANDGUN	2	2.0
9/19/2005	CASO	OC RECERT	1	3.0
10/28/2005	WKTC	FUGITIVE APPREHENSION	8	11.0
2/2/2006	FVTC	DNA AND CRIME SCENE MANAGEMENT	16	27.0
3/29/2006	NWTC	HOMICIDE CONFERENCE	20	47.0
6/26/2006	CASO	DVO UPDATE	8	55.0
2006-2007				
8/23/2006	MISC	VANG HOMICIDE TRAINING BSSA	16	16.0
8/30/2006	CASO	FIREARMS HANDGUN	2	18.0
9/18/2006	FVTC	HIGH PROFILE CASE INVESTIGATION	6	24.0
12/7/2006	CASO	SIMGUN TRAINING	2	26.0
6/19/2007	FVTC	EVOC	4	30.0
2007-2008				
10/15/2007	CASO	SHOTGUN TRAINING	4	4.0
11/6/2007	CASO	CIT	4	8.0
4/23/2008	EAU CLAIRE	HEATING UP COLD CASES	24	32.0
2008-2009				
7/23/2008	CASO	DAAT	2	2.0
11/14/2008	CASO	SHOTGUN/HANDGUN	4	6.0
3/16/2009	GRAND CHUTE PD	COMPUTER INVESTIGATION TRAINING	3	9.0
4/22/2009		WISC ASSOC HOMICIDE INVESTIGATORS	24	33.0
6/5/2009	FVTC	EVOC	4	37.0
2009-2010				
8/12/2009	CASO	HARASSMENT TRAINING	2	2.0
10/8/2009	CASO	SPIT HOOD		2.0
10/8/2009	CASO	OC RECERTIFICATION	1	3.0
10/8/2009	CASO	RIFLE/HANDGUN	3	6.0
	FVTC	CPR RECERT	4	10.0
4/21/2010	WI RAPIDS	CAREER SURVIVAL (WAHI'S)	24	34.0
5/26/2010	CASO	GET LEADS THROUGH ONLINE RESEARCH	1	35.0
2010-2011				
9/13/2010	CASO	RIFLE	2	2.0
10/12/2010	FVTC	MNHS/INFORM COMPUTER RECORDS	2	4.0
5/19/2011	CASO	FIREARMS HANDGUN	4	8.0
4/27/2011	Sheboygan	HOMICIDE CONFERENCE	20	28.0
4/19/2011	CASO	SIMGUN TRAINING	2	30.0
6/13/2011	FVTC	EVOC	4	34.0
2011-2012				
9/6/2011	CASO	Time System training	2	2.0
10/7/2011	NWTC	CCW Training/ Crime Alert	6	8.0
11/10/2011	WATC	Media Mgmt during Critical incidents	4	12.0
12/13/2011	CASO	VINE TRAINING	2	14.0
2/29/2012	CASO	BLOODBORNE PATHOGENS/HAZMAT	2	16.0
3/5/2012	FVTC	CPR RECERT	3	19.0
4/11/2012	Hilbert HS	ACTIVE SHOOTER TRAINING	4	23.0
4/19/2012	CASO	EVIDENCE TECH/EXTRUSION GUN	2	25.0
2012-2013				
9/17/2012	GBPD	Leadership training	36	36.0

Calumet County Promotion Employee Evaluation Form

Employee Mark Wiegert
Position Investigator

Hired 3/1/03 1 year 2 month check
Department Sheriff Dept.

During an employee's **2 month familiarization** period, certain characteristics of the employee will become evident to you, the Department Head. The most desirable of those are contained below, and you are asked to evaluate this employee against those qualities to determine if he/she will be retained in this position or returned to their former position.
RETURN THIS FORM TO THE ADMINISTRATIVE COORDINATOR'S OFFICE 2 WEEKS PRIOR TO THE COMPLETION OF THE 2 MONTH PERIOD.

Based on this employee's total performance, as rated below, it is my recommendation that he/she be: Retained Returned to former position
If returned explanation: _____

RECEIVED
FEB 27 2004
PERSONNEL

CHARACTERISTICS

1. ATTITUDE

- | | Excellent | Satisfactory | Poor |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Is this employee willing to work and motivated to do a good job? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the employee show a real desire to improve? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. DEPENDABILITY

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Is the work done accurately and neatly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the employee accomplished the required work on or ahead of schedule? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. ABILITY TO LEARN

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Does the employee learn quickly and retain what has been taught? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the employee ask questions and apply the training given? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. COOPERATION

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| A. Is the employee accepted by his fellow workers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the employee try to be part of the team and is your authority as supervisor accepted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the employee promote harmony and enthusiasm? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. PERFORMANCE

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Is the employee doing quality work at a reasonable rate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are production standards being attained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. JOB KNOWLEDGE

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| A. Has the employee shown an overall knowledge of the required duties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Has the employee carried out the responsibilities of the position? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. QUALITY

- | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| A. Rate correctiveness. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Rate completeness. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Rate accuracy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Rate overall quality. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. List this employee's major strengths: Mark is doing a great job. It seems that he enjoys what he is doing and the challenges that being an investigator presents. He has strong communication skills.

9. List areas of improvement to concentrate on: Possibly prioritization. I realize that the investigators receive many complaints that need to be addressed. Mark possibly need to realize that some of the complaints need to be assigned to patrol staff for follow-up.

10. How can you, as Department Head, guide this employee to develop into a good Calumet County employee? I want Mark to attend the Computer Voice Stress Analysis School as well as other training sessions.

11. Overall Evaluation: Excellent Satisfactory Poor

<u>Jerry Pajel</u> Signature of Supervisor of Person Conducting Evaluation	<u>2-26-04</u> Date
<u>Jerry Pajel</u> Signature of Department Head	<u>2-26-04</u> Date
It is important that you discuss and review the 2 month evaluation ratings and comments before obtaining the employee's signature below.	
<u>M. Wujec</u> Signature of Employee	<u>2-26-04</u> Date

REVIEWED BY ADMINISTRATIVE COORDINATOR

Comments: _____

[Signature]
Signature of Administrative Coordinator

2/27/04
Date

Awards this Certificate to

Mark Weigert
Calumet County Sheriffs Department

in recognition of
successful completion of

Fugitive Apprehension
10/28/2005

Brian Dorow
Brian Dorow
Associate Dean

Carol Brown
Carol Brown
President

Waukesha County Technical College
Criminal Justice & Law Enforcement Department
800 Main Street
Pewaukee, WI 53072



WCTC 



Criminal Justice Center

Hereby Certifies That

Mark Wiegert

has satisfactorily completed 16 hours of instruction in

DNA and Crime Scene Management

at Appleton, Wisconsin

February 2 & 3, 2006

Presented this 3rd day of February, 2006



Handwritten signature of Robert Roberts.

Robert Roberts, Director

Handwritten signature of Ron Lewis.

Ron Lewis, Coordinator

9-10-05

Dear Mark W. -

Thank you for your professional, yet caring, approach to dealing with my brother, [REDACTED]. After getting him to the hospital and recognizing the seriousness of his situation, you did what was needed - a commitment. Without this commitment - he would be back to his old ways.

The whole time I was there, at the hospital, you were very professional. I feel that you went above and beyond what is required of your job. You made my family comfortable and we trusted [REDACTED] in "your department's hands."

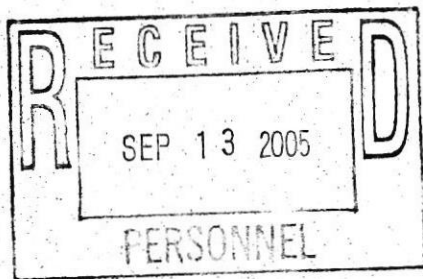
Throughout the last 10 days, my family has realized the situation is worst than we expected. We wouldn't have been able to figure this out without [REDACTED] being

Couldn't have done it without you.
Thanks for all your help.

Committed. This commitment has allowed us to find out the truth.

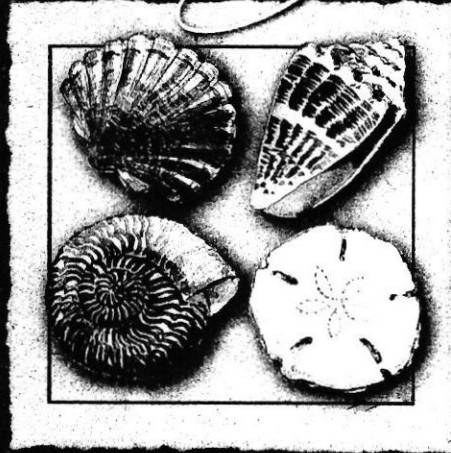
[REDACTED] is having another hearing this Tuesday. Hopefully and the doctors are pushing for this - he will be committed for at least 6 more months.

We wouldn't have been able to do this without your help! You are a life saver! Your good deed



be forgotten!
heart forever
again,

With Many Thanks



*For You!*TM

an AMERICAN GREETINGS

angreetings.com



150142
54055-00M

AGC, Inc. CARLTON CARDS
IN U.S.A. TORONTO, ONTARIO M8Z 1S7

CALUMET COUNTY SHERIFF'S DEPARTMENT

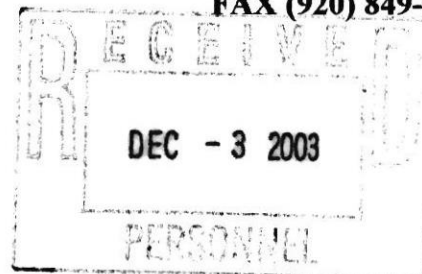
GERALD A. PAGEL, SHERIFF
Paul A. Rusch, Captain

206 Court Street
Chilton, WI 53014

Radio Station – KGL 593
WI Teletype Code – CASO



Phone: Chilton (920) 849-2335
Appleton 989-2700 Ext. 222
FAX (920) 849-1431



December 2, 2003

Personnel Department

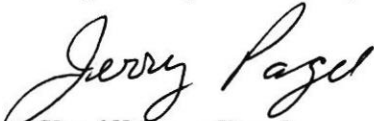
I am submitting a letter of commendation for Investigators John Dederling and Mark Wiegert. During the past several months, they have investigated several major complaints, including incidents of serious child abuse as well as sexual assaults and burglaries. Their tenacity and fortitude have led to resolving many of these cases and arresting those individuals suspected of committing these crimes.

Both investigators are willing to work long hours beyond their normal schedule and also on their days off, if necessary. They are also willing to start working a case at the drop of a dime without complaining. I am sure that they often have other commitments that they would rather be attending.

I have total confidence in their ability to investigate difficult complaints and if they have questions, they are not above asking for advice.

Both John and Mark are a definite asset to the Calumet County Sheriff's Department and are mentors to the other officers.

Respectfully submitted,


Sheriff Jerry Pagel

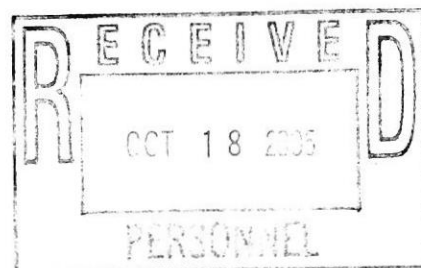
Defense and Arrest Tactics Training and Recertification of Oleoresin Capsicum Spray

Date: 09/19/05

Officers recertified in Oleoresin Capsicum as of 09/19/2005 are as follows: John Dederling, Leslie Lemieux, Brett Bowe, Rick Reimer, Jennifer Bass, Gary Schultz, Mark Wiegert, Dan Kucharski, Nick Sablich, Joe Tenor, Ken Matuszak

On Monday 09/19/05 Inv. Steier (a certified trainer in the use of Oleoresin Capsicum) conducted a two hour DAAT training and Recertification of Oleoresin Capsicum Spray. Training was held at the Vandeihei Brandtmeier Building. The policy and procedure of the Calumet County Sheriff's department use of O.C. was reviewed. This included the effects, method, application, and the decontamination of people, animals and objects. Officers also reviewed safety consideration in the use of O.C and decontamination locations. All officers in attendance performed at an acceptable level of performance.

Gary Steier



Wiegert

Mark.

Where do we Begin to thank you
for what you've done for our
family. We know how Aaron Certain
People is our lives that are given a
purpose & we know your purpose is
to help others. If it weren't for you,
we would not have the peace we
have today knowing [redacted] didn't
purposefully end his life. Without that
truth, our lives would be been
different. We thank you for your
goodness to dig for the truth and
hope God is always there to give you
the strength. We felt so bad when
we heard that Colonel Co. had to deal
with this case that's going on now,
especially knowing how trying it was
for [redacted]. We pray you receive the extra
strength to keep getting through.
Always, always remember, you are
truly blessed with a special gift
and know what you are doing, is
helping people like us. We will
remember always what you've done for us.

DEC 22 2005

CHANDLER POLICE DEPARTMENT
CHANDLER, ARIZONA 85224
COMMUNITY SHERIFF

RECEIVED
DEC 22 2005
PERSONNEL

God blesses
those who give
of themselves.

May He reward you
for being so kind.

With all our
gratitude & thanks-

[redacted]
[redacted]
[redacted]



Awards this Certificate to

Mark Weigert
Calumet County Sheriffs Department

in recognition of
successful completion of

Fugitive Apprehension
10/28/2005

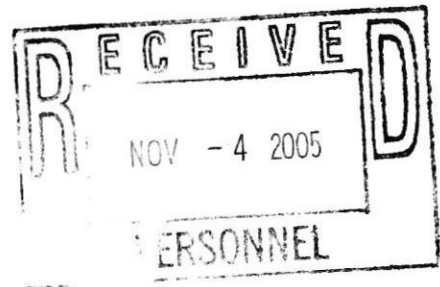
Brian Dorow

Brian Dorow
Associate Dean

Carol Brown

Carol Brown
President

Waukesha County Technical College
Criminal Justice & Law Enforcement Department
800 Main Street
Pewaukee, WI 53072



WCTC 

CALUMET COUNTY SHERIFF'S DEPARTMENT

GERALD A PAGEL, SHERIFF

206 Court Street
Paul A. Rusch, Captain
Chilton, WI 53014



Radio Station – KGL 593
Chilton (920) 849-2335
WI Teletype Code – CASO
Appleton 989-2700

FAX (920) 849-1431

10/12/04

On 10/11/04, the sheriff's department conducted department firearms training with shotguns and rifles. Officers in attendance were Wiegert, Dederling, Schultz, Lt Hocks, Hawkins, Wendling, Sgt. Bowe, Cpl. Lemieux, Riemer, Kucharski, Richart, Baldwin, Ristow.

At 25 yards, officers conducted movement drills, stationary drills from behind cover, and the look shoot principle. Officers conducted training in a stationary position from 50 and 75 yards and from a bench rest at 100 yards. The officers shot accurately and were held accountable for all shot fired.

Gary Steier





DIVISION OF PUBLIC SAFETY

Certifies that

Mark Wiegert

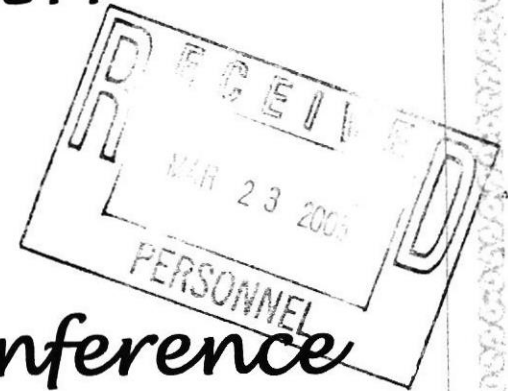
Has attended a 20-hour

Homicide Investigation Conference

Green Bay, Wisconsin

March 16-18, 2005


Class #: 24437




Dr. H. Jeffrey Rain, President
Northeast Wisconsin Technical College

Memo

To: Lt. Hocks, Capt Rusch

From: Dave Richert 

Ref: Firearms

Date: 11-02-04



The following people attended the firearms training held on 10-26-04:

Gary Schultz
Jeremy Hawkins
John Hocks
Keith Ristow
Mary Nicolais
Chris Wendorf
Leslie Lemieux
Rick Riemer
John Byrnes
Paul Rusch
Joe Tenor
Mark Wiegert
John Dederling
Craig Wendling
Dan Kucharski
Gary Steier



Everyone that attended responded well to the training. I was especially pleased with the malfunction drills. I expected them to take more time than they did. However, the officers performed these drills with confidence and skill. The live fire portion also went well. In the coming sessions I hope to be able to get the officers to account for all shots they fire. I feel all the officers will show improvement if they need to account for the rounds they fire.

I have included the original evaluation forms with Lt. Hocks's copy of this memo for the officers training files.

Mark Wiegert

APPENDIX D - ACKNOWLEDGMENT FORM

(EMPLOYEE COPY- please retain top portion for your records.)

The Calumet County Personnel and General Administrative Policies are available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

I acknowledge that I have either received a copy of, or have been granted electronic access to, the revised Calumet County Personnel and General Administrative Policies dated 01/20/2004.

I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information shall supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this handbook and any revisions made to it.

_____/_____/_____
Distributor of Policy Employee Receiving Policy Date

Cut along dotted line. Sign, date and return bottom portion to the Personnel Office



ACKNOWLEDGMENT FORM

The Calumet County Personnel and General Administrative Policies are available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

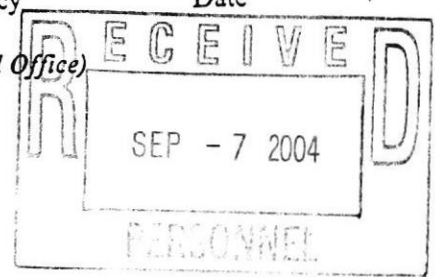
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I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information shall supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this handbook and any revisions made to it.

_____/_____/_____
Distributor of Policy Employee Receiving Policy Date

(Return this portion to the Personnel Office)



CALUMET COUNTY DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME (Please Print): Mark Wieger Prenote 4/20/07 EMPLOYEE NUMBER: _____

Directions:

If you wish to deposit your entire check in one banking institution, complete left side; "BANKING INSTITUTION ONE" below. If you wish to deposit part of your check in one banking institution and the balance in another banking institution or two, complete all that apply. Contact your designated banking institution(s) if you wish to make arrangements for any transfer of funds from your depositing account to other accounts such as a loan payment or Christmas club account. NOTE: "Partial" checks are not permitted; your ENTIRE check must be deposited either in one banking institution or split between up to three banking institutions.

BANKING INSTITUTION ONE

BANKING INST NAME: [Redacted]

CITY, STATE, ZIP: [Redacted]

TYPE OF ACCOUNT (Select Only One): CHECKING
 SAVINGS

AMOUNT: (if entire payroll check is to be deposited in this Account; write "ALL"):

\$ All

BANKING INSTITUTION TWO

BANKING INST NAME: _____

CITY, STATE, ZIP: _____

TYPE OF ACCOUNT (Select Only One): CHECKING
 SAVINGS

AMOUNT: (Enter amount you wish to have deposited in this account):

\$ _____

BANKING INSTITUTION THREE

BANKING INST NAME: _____

CITY, STATE, ZIP: _____

TYPE OF ACCOUNT (Select Only One): CHECKING
 SAVINGS

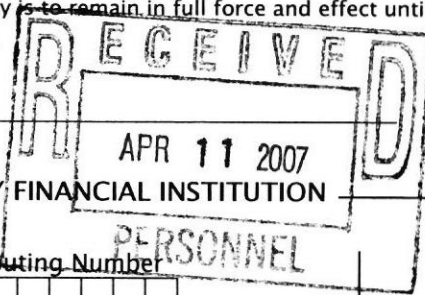
AMOUNT: (The amount to be deposited will be the balance of your Payroll check after the allocation has been made to BANKING INSTITUTION ONE & TWO):

AMOUNT EQUALS: **BALANCE**

I hereby authorize Calumet County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above and the depository(ies) names above, to credit and/or debit the same to such account(s). This authority ~~is to remain in full force and effect until Calumet County has received written notification from me of its termination no less than three weeks in advance of the anticipated change date.~~

EMPLOYEE SIGNATURE: [Signature]

DATE: 4-10-07



TO BE COMPLETED BY FINANCIAL INSTITUTION

Transit Routing Number

[Redacted]

Transit ABA

Account Number Information

[Redacted]

Transit Routing Number

Transit ABA

Account Number Information

Transit Routing Number

Transit ABA

Account Number Information

Return your completed form to the Payroll and Benefits Coordinator, third floor, Personnel Office.

Questions? Call Extension 460

CALUMET COUNTY
DISTRICT ATTORNEY'S OFFICE
Kenneth R. Kratz, District Attorney

Jeffrey S. Froehlich,
Assistant District Attorney
Julie L. Leverenz/Llonda K. Thomas
Victim/Witness Assistance Coordinators

206 Court Street
Chilton, WI 53014
(920) 849-1438
FAX: 849-1464

May 2, 2007

Investigator Mark Wiegert
Calumet County Sheriff's Department
206 Court Street
Chilton, WI 53014

Re: Steven Avery & Brendan Dassey Cases

Dear Mark:

I wanted to take this opportunity to express my gratitude for the personal sacrifices and professional competence shown by you throughout these investigations, trial preparations and jury trials. As you know, these investigations may have required the most resources expended by the State of Wisconsin in criminal investigation and prosecution history, and to lead these investigations required a high degree of professional competence and expertise. The professionalism exhibited by you and Special Agent Tom Fassbender exemplified what law enforcement efforts should include.

Although it is unlikely that a case of this magnitude will come our way in the future, it is comforting to know that citizens of the State of Wisconsin can rely upon law enforcement expertise as exhibited in this case.

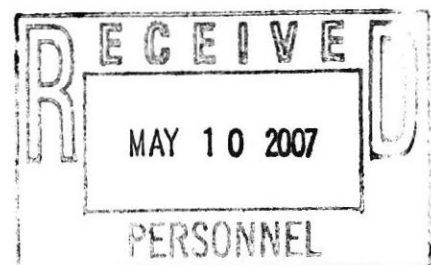
On behalf of the family of Teresa Halbach, the prosecutors in this case, and the citizens of the State of Wisconsin, I would once again extend my personal and professional gratitude for a job very well done.

Sincerely yours,



Kenneth R. Kratz
Calumet County District Attorney
Lead Prosecutor

KRK:mlm
cc: Sheriff Jerry Pagel





STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

J.B. VAN HOLLEN
ATTORNEY GENERAL

Raymond P. Taffora
Deputy Attorney General

17 W. Main Street
P.O. Box 7857
Madison, WI 53707-7857
www.doj.state.wi.us

Thomas J. Fallon
Assistant Attorney General
fallontj@doj.state.wi.us
608/264-9488
FAX 608/267-2778

May 29, 2007

Sheriff Gerald Pagel
Calumet County Sheriff's Office
206 Court Street
Chilton, WI 53014

Re: Investigator Mark Wiegert

Dear Sheriff Pagel:

I wanted to let you know that Investigator Mark Wiegert's work, along with that of Special Agent Tom Fassbender, was nothing short of remarkable in the cases of *State v. Steven Avery* and *State v. Brendan Dassey*. His hard work, diligence, and sacrifice made our successes possible. We lawyers often take for granted the investigative work and efforts of the officers that bring us the cases. I wanted to make sure it did not happen in this case. We would not have enjoyed the success we had in these cases but for the efforts of Investigator Mark Wiegert and Special Agent Tom Fassbender. Mark is a credit to his profession and your department. It was a pleasure serving your department. I highly commend him and his work to you.

Sincerely,

Thomas J. Fallon
Assistant Attorney General

TJF:klw

c: Investigator Mark Wiegert



..... Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1993

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

1 Type or print your first name and middle initial <i>Mack D. Wiegert</i>		Last name		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>		5 <i>0</i>	
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. . . . ► <input type="checkbox"/>		6 \$	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)		7 I claim exemption from withholding for 1993 and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►		[REDACTED]	
6 Additional amount, if any, you want withheld from each paycheck		Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		7	

Employee's signature ► *Mack Wiegert* Date ► *01/05* , 19*93*

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number
--	--------------------------	-----------------------------------

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2006

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial. <i>Mark the D.</i>		Last name <i>Wiegert</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <i>0</i>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <i>-</i>	
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ <i>-</i>					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it.) ▶ <i>M. Wiegert</i>				Date ▶ <i>6-16-06</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2006)

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2006

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial. <i>Mark D.</i>		Last name <i>Wiegert</i>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <i>7</i>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <i>-</i>	
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ <i>-</i>					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it.) ▶ <i>M. Wiegert</i>				Date ▶ <i>6-12-06</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2006)



Criminal Justice Division

Hereby Certifies That

Mark Wiegert


has satisfactorily completed 4 hours of instruction in the

E.V.O.C. In-Service Training

at Appleton, Wisconsin

June 29, 2007

Presented this 29th day of June, 2007


Instructor

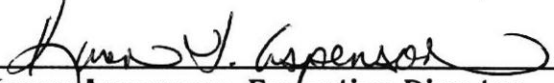
JUN 29 2007

Certificate of Participation

Mark Wiegert

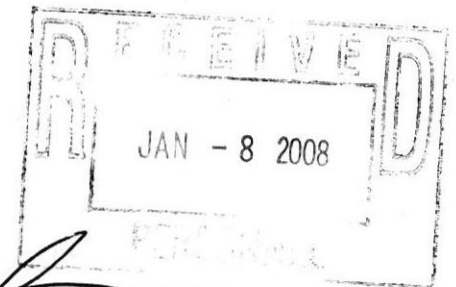
has participated in a four-hour training session on recognizing signs and symptoms of mental illness, related issues of concern, and principles of de-escalation during times of crisis.

November 6, 2007


Karen Aspenson, Executive Director


Barbara Gerarden, C.I.T. Officer


 **NAMI Fox Valley**



TO BE PLACED IN PERSONNEL FILE

I hereby request to review my Personnel

File on 11-14-08
(date)


(Signature of Employee)

OFFICE OF THE DISTRICT ATTORNEY

Brown County

JOHN P. ZAKOWSKI
DISTRICT ATTORNEY

300 EAST WALNUT STREET
P.O. BOX 23600
GREEN BAY, WISCONSIN 54305-3600
PHONE (920) 448- 4190
3rd Floor FAX (920) 448-4189
2nd Floor FAX (920) 448-6382

DEPUTY DISTRICT ATTORNEY
John F. Luetscher

Victim Witness Coordinator
Karen H. Dorau
(920) 448-4194

Assistant District Attorneys
Patrick C. Hitt
Lawrence J. Lasee
Mary M. Kerrigan-Mares
Dana J. Johnson
Wendy W. Lemkuil
Amy R. G. Pautzke
Janeen A. Olson
Kevin C. Greene
Eric R. Enli
Thomas J. Coaty
Callie K. Lacy
Eric C. Tempelis
Beau G. Liegeois

November 10, 2008

M. Wiegert
Calumet County Sheriff's Department
206 Court Street
Chilton, WI 53014

RE: State vs. Andrew J. Krass
Offense: 2 Counts of Party to the Crime of Theft
Date of Offense: Between December 25, 2007 and January 25, 2008
Case number: 08CM964

Dear Mr. Wiegert:

On behalf of Assistant District Attorney Mary Kerrigan-Mares, I would like to thank you for the service you performed for this county and its citizens by furnishing information to the law enforcement agency investigating the above-mentioned case.

We also want to be sure you know the outcome of the case in which you were involved. On September 4, 2008 Judge Bischel sentenced him to serve 2 years on probation to the Division of Community Corrections (Office of Probation and Parole) with the following conditions: 1) serve 25 hours of community service; 2) write a letter of apology to Scott and Dawn Jansen and Rudolph Klug; 3) pay restitution of \$200.00 to Dawn and Scott Jansen and \$2,470.01 to Liberty Mutual for their insurance claim.

If you have any questions or concerns about this case or this sentence, please feel free to contact me at the Victim/Witness Assistance Program at (920)448-4194. The successful operation of our criminal justice system depends upon concerned citizens like yourself. Your help and cooperation are extremely important to law enforcement agencies in making this county a better place to live.

Sincerely,



Karen H. Dorau, Coordinator
Victim/Witness Assistance Program

NOV 14 2008

KHD: mg

Wisconsin Association of Homicide Investigators

Certificate of Completion

Presented to

Mark Wiegert

FOR COMPLETION OF WAHI'S
ANNUAL TRAINING SEMINAR

“HEATING UP COLD CASES”

Eau Claire, Wisconsin
April 23-25, 2008





STEVE DANIELS, PRESIDENT
WAHI 2007-2008



Copy in file.
Good job.
Brett

[REDACTED]

December 13, 2008

Lt. Brett Bowe
Calumet County Sheriff's Department
206 Court St
Chilton, WI 53014-1198

Dear Lt. Bowe:

On December 3, 2008, three members of your department responded to a 911 call at my home. The call was for a domestic incident in which my wife [REDACTED] threatened me and made hostile advances toward me with a total of three knives.

I would like to recognize the actions of the members of your department who responded that day. They were Deputy Jennifer Bass, Investigator Mark Wiegert and Investigator John Dederling.

While I waited outside the house, these law enforcement personnel entered the home. It is my understanding that they found [REDACTED] armed and hiding in a closet. At potential risk to themselves, they diffused what was a very chaotic and dangerous situation.

Deputy Bass provided a calming presence as she interviewed me. Investigators Wiegert and Dederling were also very respectful as they took my wife into custody, investigated the scene and allowed me to write a statement.

Please convey my thanks and appreciation to these three members of your department. Although no one hopes ever to need emergency services, it is reassuring to know that people like these are serving and protecting our community. I would be grateful if you could give Deputy Bass, Investigator Wiegert and Investigator Dederling the appropriate recognition.

Thank you for your time and attention.

Sincerely,

[REDACTED]





POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899
(920) 832-5500 • Fax: (920) 832-5553
<http://www.appleton.org/police>

April 20, 2009



Sheriff Jerry Pagel
Calumet County Sheriff
206 Court Street
Chilton, WI 53014

Dear Sheriff Pagel:

I write to thank you and your staff, particularly Investigator Mark Wiegert, for the thorough investigation into the injury of [REDACTED]

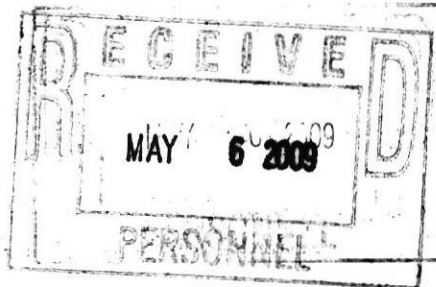
The professionalism displayed throughout this difficult investigation has been exemplary, and I appreciate Investigator Wiegert's sensitivity and diligence, as well.

While all instances of shaken baby syndrome are incredibly loathsome, this one is especially difficult when the possibility exists of one of our own being involved. The skilled expertise of Investigator Wiegert, and his willingness to work with us as we process our internal affairs investigation, has been commendable.

Please express my sincere thanks to Investigator Wiegert and the rest of your staff who has worked on this case. It's encouraging to know how well trained and efficient our neighbors in law enforcement are, and to know we are united in working to ensure the safety of all.

Sincerely,

David J. Walsh
Chief of Police





May 11, 2009

Captain Paul Rusch
Calumet County Sheriff's Department
206 Court St.
Chilton WI 53014



Dear Captain Rusch,

The fourth annual **Conference on Crimes Against Women**, co-sponsored by the Genesis Women's Shelter and the Dallas Police Department was recently held in Dallas. It was a very successful conference with over 600 people from 39 states and 3 foreign countries in attendance. Sergeant Mark Wiegert presented at this conference and he greatly contributed to that success.

BOARD OF DIRECTORS

Harry Roberts
President

Nancy Hunt
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Jan Langbein
Secretary/Treasurer

David Camp

Bill Howell

Maggie Radford

Lori Whitlow

Sergeant Wiegert presented a workshop titled **Crime Scene Issues in Major Cases** and **Case Study-The Innocence Project Poster Child Turned Murderer: The Teresa Halbach Case**, and he did an outstanding job. These workshops were well received by the conference attendees, and there is no doubt that Mark provided them with important and relevant information that they will be able to use in their respective professional fields.

I am very grateful for Mark's willingness to share his considerable experience and expertise with this year's conference attendees. He is to be commended for his contribution to the success of this year's conference and the outstanding manner in which he represented the Calumet County Sheriff's Department.

Sincerely,

Jennifer Cyr
National Director

4411 Lemmon Avenue
Suite 201
Dallas, Texas 75219
Tel: (214) 389-7700
Fax: (214) 559-2361

24 Hour Hotline
(214) 946-HELP
www.genesisshelter.org

MAY 22 2009

Wisconsin Association of Homicide Investigators

Certificate of Completion

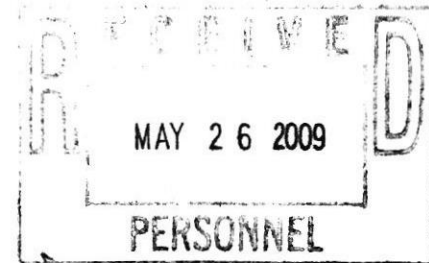
Presented to

Mark Wiegert

FOR COMPLETION OF WAHI'S
ANNUAL TRAINING SEMINAR

“BROADENING YOUR BASE”

Lake Geneva, Wisconsin
April 22-24, 2009



Joseph A. Krieg

JOSEPH A. KRIEG, PRESIDENT
WAHI 2008-2009



JUN - 8 2009

Criminal Justice Division

Hereby Certifies That

Mark Wiegert


has satisfactorily completed 4 hours of instruction in the

EVOC Recertification

at Fox Valley Technical College, Appleton, Wisconsin

June 5, 2009

Presented this 5th, day of June 2009


Instructor



Hereby certify that

Mark Wiegert

has successfully completed the following course

EXCELerating Learning Series
(12 hours)

Sean Murzello

Fox Valley Technical College

August 2009

Date

206 COURT ST.
CHILTON, WI 53014

(920) 849-1611 – PHONE
(920) 849-1475 – FAX
patrick@co.calumet.wi.us – E-MAIL

CALUMET COUNTY PERSONNEL DEPARTMENT



Confidential Fax

To: Spring Moore	From: Mary Pagel
Fax:	Pages: 2
Phone: 920-849-1460	Date: 08/03/2010
Re: Verification of Employment	CC:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Faxing a verification of employment for Mark Wiegert. Please note that for the year, 2009, total wages include backpay from union contract settlement for portion of 2009 as well as all of 2008.

FannieMae Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagee under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagee or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer) CALUMET COUNTY 206 COURT ST CHILTON, WI 53014	2. From (Name and address of lender) UnitedOne Credit Union 1117 South 10th Street Manitowoc, WI 54220 (920) 684-0361
--	---

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>[Signature]</i>	4. Title Loan Processor	5. Date 09/03/10	6. Lender's No. (Optional) 2840180
--	-----------------------------------	----------------------------	--

7. Name and Address of Applicant (include employee or badge number) MARK D WIEGERT	8. Signature of Applicant X
--	---------------------------------------

Part II - Verification of Present Employment

9. Applicant's Date of Employment 1-05-94	10. Present Position Investigator	11. Probability of Continued Employment Good
12A. Current Gross Base Pay (Enter Amount and Check Period) \$ 26662	13. For Military Personnel Only	
<input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Hourly	
12B. Gross Earnings		
Type	Year To Date	Past Year 2009
Base Pay	Thru 7-17-10	Past Year 2008
	\$ 32,878.88	\$ 57,133.22
Overtime	\$ 4,219.24	\$ 48,884.86
Commissions	\$ -	\$ 5,498.87
Bonus	\$ -	\$ 5,506.58
Total	\$ 37,098.12	\$ 62,622.09
		\$ 54,391.44
14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. If paid hourly - average hours per week 40		
16. Date of applicant's next pay increase 9-26-10		
17. Projected amount of next pay increase \$.13/Hr		
18. Date of applicant's last pay increase 1/03/10		
19. Amount of last pay increase \$.52/Hr.		
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)		

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commissions _____ Bonus _____
24. Reason for Leaving	25. Position Held

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Patrick W. Glynn</i>	27. Title (Please print or type) H.R. Director	28. Date 8/3/10
29. Print or type name signed in Item 26 Patrick W. Glynn	2840180	
30. Phone No. 920-849-1460		

1117 S 10th St.
Manitowoc, WI 54220
(p) 920-652-2519 (f) 920-652-2059



Fax

To: HR	From: Spring Moore smoore@unitedone.org
Fax: 920-849-1475	Pages: 3
Phone:	Date: 8.3.10
Re: VOE	CC:

Urgent For Review Please Comment Please Reply Please Recycle

Please fax back to 920-652-2059. Thank You!

Spring

Borrower's Certification and Authorization

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from UnitedOne Credit Union.

In applying for the loan, I/we completed a loan application containing various information on the purposes of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application with the employer and/or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that UnitedOne Credit Union reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provision of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from UnitedOne Credit Union.

As part of the application process, UnitedOne Credit Union may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

2. I/We understand and agree that UnitedOne Credit Union reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. UnitedOne Credit Union or any investor that purchase the mortgage may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to UnitedOne Credit Union or the investor that purchased the mortgage is appreciated.

Borrower Name: MARK D WIEGERT

Social Security Number: [REDACTED]

7/27/10
Date

Borrower Name: LAURA A WIEGERT

Social Security Number: [REDACTED]

7-27-10
Date

CALUMET COUNTY SHERIFF'S DEPARTMENT

GERALD A. PAGEL, SHERIFF
Paul A. Rusch, Captain

206 Court Street
Chilton, WI 53014

Radio Station - KGL 593
WI Teletype Code - CASO



Phone: Chilton (920) 849-2335
Appleton 989-2700 Ext. 222
FAX (920) 849-1431

July 12, 2010

Inv. Sgt. Mark Wiegert
Calumet County Sheriff's Department


Dear Investigator Wiegert:

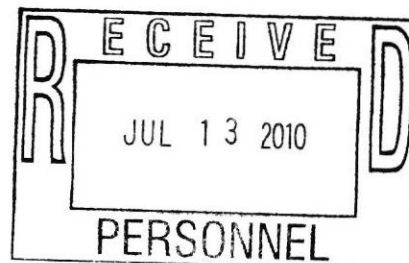
I want to take this opportunity to commend you for the work you exhibited in helping to resolve the string of burglaries we were experiencing and the apprehension of the suspect alleged to have committed these burglaries. The joint commitment by members of the Sheriff's Department exemplifies how cooperation and the sharing of information can lead to successful conclusions. I am proud of the way everyone worked together as a team to resolve these burglaries.

I know that the hard work that went into investigating these burglaries including the collection of evidence and the interviewing of victims, along with interviewing others who eventually provided valuable information, aided in resolving these crimes. Your hard work and diligence paid off and I hope this will be a reminder when conducting future investigations.

Once again, congratulations and keep up the good work.

Respectfully,


Sheriff Jerry Pagel





Familiar places. Caring faces.

April 13, 2011

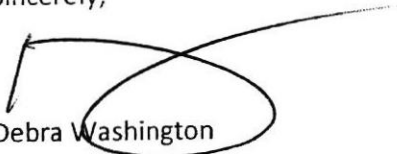
Mr. Mark Wiegert
206 Court St.
Chilton, WI 53014-1127

Dear Sargent Wiegert,

On behalf of Community Care, I would like to thank you for taking the time to facilitate the Personal Safety meeting at our Chilton site. We received great feedback about your presentation. The employees found it very informative and commented that you reminded them of the little things they often forget. The safety of our employees as well as our members is our main concern, so thank you again for all of your time and effort.

We look forward to meeting with you again in the future!

Sincerely,



Debra Washington

Benefits Manager

Wisconsin Association of Homicide Investigators

Certificate of Completion

Presented to

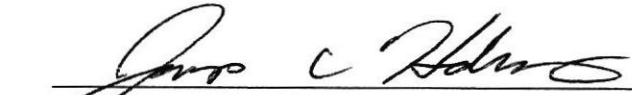
Inv Sgt Mark Wiegert

FOR COMPLETION OF WAHI'S
ANNUAL TRAINING SEMINAR

CAREER SURVIVAL
"The Light at the End of the Tunnel"

Wisconsin Rapids, Wisconsin
April 21-23, 2010





President James Holmes
WAHI 2009-2010

ACKNOWLEDGMENT FORM

The "Calumet County Policies & Procedures Manual" is available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

I acknowledge that I have either received a copy of, or have been granted electronic access to, the revised "Calumet County Policies & Procedures Manual" dated January 18, 2011.

I acknowledge that revisions to the Manual may occur. All such changes will be communicated through official notices, and I understand that revised information shall supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this Manual and any revisions made to it.

R.M. Lejeune [Signature] 3/31/11
Employee (Print Name) Employee (Signature) Date

Distributor of Policy (Signature) Date





1200 E. Chestnut Street • Hwy 32/57 South • PO Box 186 • Chilton, WI 53014
Phone (920) 849-4416 • (920) 735-2597 • 1-800-843-4131 • FAX (920) 849-9100
www.fvtc.edu



To Whom It May Concern:

This letter is to verify that Mark D Wiegert did successfully complete the course below on March 5, 2012. This person should receive their actual CPR card in about 4 weeks.

If you have any questions please contact Peg Mueller,
FVTC EMS Dept. at muellerp@fvtc.edu or 920-735-5631.

Course Completed:
(Instructor please circle or check appropriate class taken.)

- Healthcare Provider/Renewal**
- Heartsaver Adult CPR with AED**
- Heartsaver Adult/Child/Infant CPR with AED**
- CPR Heartsaver AED/First Aid**
- AHA First Aid**

Instructor Signature: Ann Schmitz **Date:** 3-5-12
(write legibly)

Healthcare Provider



Mark D. Wiegert

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

3/5/2012

Issue Date

03/2014

Recommended Renewal Date

Training Center Name **Fox Valley Technical College** TC ID # **WI04626**

TC Info **1825 N Bluemound Dr Appleton, WI** TC Phone **Peggy L Mueller 920-735-5631**

Course Location **Chilton**

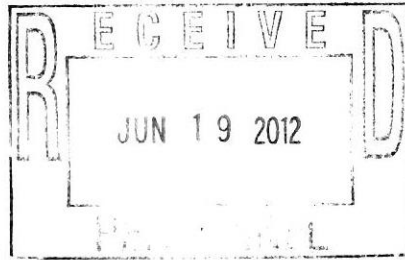
Instructor Name **Ann F. Schmitz** Inst. ID # **120139324**

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1802

→
**PEEL
HERE**
→

Mark D. Wiegert



Peel the wallet card off the sheet and fold it over.

MARK WIEBERT



"...meeting community needs...enhancing quality of life."

POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899
(920) 832-5500 • Fax: (920) 832-5553
<http://www.appleton.org/police>

October 10, 2012



Sheriff Mark Ott
Calumet County Sheriff
206 Court Street
Chilton, WI 53014

Dear Sheriff Ott:

Thank you for providing seven of your Deputies to assist during the First Lady, Michelle Obama's, visit to the City of Appleton. They provided much needed traffic control, making it possible for the motorcade to move smoothly and safely through our community.

It's always encouraging to have law enforcement partners nearby, ready to step in to assist, especially for a large scale event such as this one with little time to plan. Please extend my gratitude to the Deputies who helped out last week. Their assistance was much appreciated!

Sincerely,

Peter J. Helein
Chief of Police





PTO DISTRIBUTION FORM

Please complete this form and return to the Personnel Department by November 16, 2012

Printed Name: <i>Mark Wiegert</i>	Department: <i>Sheriff</i>
--	-----------------------------------

AUTOMATIC ANNUAL TRANSFER OF PTO TO PEHP:

Provided there is a minimum of 150 hours remaining in the employee's PTO bank, up to 75 hours PTO will be transferred (to bring the PTO balance to no less than 150 hours) to the employee's PEHP account at the employee's current rate of pay as of December 1, 2012. No action needs to be taken by the employee for this to occur.

REQUEST FOR DISTRIBUTION:

I request to make the following PTO distribution as indicated by my choice(s) below:

<i>60</i> Number Of Hours	<p><u>I am modifying the automatic annual transfer of PTO hours to my PEHP Account or I am not eligible for automatic annual transfer and I elect to convert the number of PTO hours indicated on the line to the left into my PEHP Account.</u> The maximum number of hours allowed to be converted per year is 75 hours. Completely opt out of the automatic annual transfer by placing a zero (0) on the line to the left. <i>The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
_____ Number of Hours	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB:</u> The maximum number of hours that can be transferred into the ELB is 200 hours per year. <i>The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted at the end of the calendar year as defined by the PEHP.</i></p>

Any conversion request will be processed on the December 7, 2012 payroll based on the employee's current rate of pay as of December 1, 2012. Any remaining PTO hours will automatically be carried forward into next year.


 Employee Signature


 Date

Please refer to the Calumet County Personnel Policy Manual for more specific information regarding the options & benefits available to County employees and your most recent paystub for PTO balances.

For Personnel Department Use Only

	PTO	ELB	PEHP
Beginning Balance			
Amount Transferred/Converted			
Ending Balance			

PATRICK W. GLYNN,
HUMAN RESOURCE DIRECTOR
glynn.patrick@co.calumet.wi.us



206 COURT ST.
CHILTON, WI 53014

PHONE: (920) 849-1611
APPLETON AREA: (920) 989-2700
FAX: (920) 849-1475

www.co.calumet.wi.us

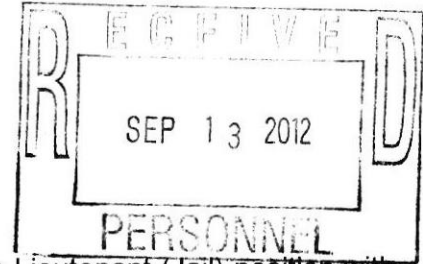
CALUMET COUNTY
PERSONNEL DEPARTMENT

KIMBERLY GERNER,
BENEFITS & PAYROLL SPECIALIST

VICTORIA HALBACH,
HUMAN RESOURCE SPECIALIST

August 29, 2012

Mark Wiegert
[REDACTED]



Dear Mark:

This letter is to confirm our conditional offer to you of the full-time Lieutenant (Jail) position with the Calumet County Sheriff's Department. This employment offer is contingent upon your successful completion of a TB skin test, pulmonary function test, and respiratory exam. The effective date of your promotion is yet to be determined.

Please contact the following providers for the following tests:

- Affinity Occupational Health at 1-800-541-0351 to schedule an appointment for the pulmonary function test and respiratory exam. You may be seen at either the Oshkosh or Menasha clinics. Please complete page 2 and 3 of the form entitled Respirator Recommendations and bring with you to the exam.
- Calumet County Health Division of the Health & Human Services Department at 920-849-1432, to schedule the appointment for a TB skin test.

Your annual salary will be \$66,965 per year, which is Step 6 of Pay Grade A70 of the 2012 Non-Union Benefit Wage Schedule. The date of your next wage increase will be one year from the date of your promotion and you will be eligible for yearly step increases thereafter.

You will be considered an exempt employee under the Fair Labor Standards Act (FLSA) and as such will be expected to arrange your work schedule to accommodate the needs of your position. You will, however, be expected to work regular full-time hours. The compensatory time on the books will be paid out.

You will be eligible for the following benefits:

1. PTO (Paid Time off): Calumet County's PTO Plan combines vacation, sick leave, holiday and bereavement leave into a single leave plan – PTO. You will immediately accrue PTO at the Level 4 (After 14 Years) Multiplier on a biweekly basis based on your length of service with the County and the hours worked in a pay period. PTO may be carried over from year to year provided the balance does not exceed the maximum allowable amount. Further details of the PTO policy are found in the Policies & Procedures Manual.

On the date of transfer to your non-union position, available vacation, and accrued legal holiday, and floating holiday time will be converted to PTO as follows:

- All unused vacation time will be converted to PTO on an hour-for-hour basis.
 - Vacation accrual for the current year will also be converted to PTO on an hour-for-hour basis.
 - Legal holiday time from the date of transfer through the end of the current year will not be converted to PTO hours, as they are part of the accrual factor built into PTO.
 - All unused floating holiday hours will be converted to PTO on an hour-for-hour basis.
2. (ELB) Extended Leave Bank. On the date of transfer to your non-union position, unused sick time will be converted to the ELB on an hour-for-hour basis. This bank may be utilized for absences due to medical necessity lasting more than three (3) days, or for events qualifying under the Family Medical Leave Act (FMLA).
 3. Holidays. You will be entitled to 10 holidays to include New Year's Day, Friday before Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Day After Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Eve. This holiday schedule is incorporated into the PTO accrual. PTO must be utilized when an employee is not scheduled to work due to an official County holiday.
 4. Health Insurance. The County offers High Deductible HMO & POS Health Insurance Plans through Network Health. The County pays ninety (90%) percent of the single or family premium for full time employees who have completed the Employee Wellness Program Criteria. To assist in meeting deductibles, the County will contribute to a Health Savings Account (HSA).
 5. Dental/Vision Insurance. Dental Insurance is available with the County paying \$15.00 per month toward the single plan; \$31.25 per month toward employee and spouse or employee and children plan and \$43.75 per month toward the family plan. Vision insurance is also available with the employee paying the full premium.
 6. Retirement Plan. The County provides a pension plan through the Wisconsin Retirement System and currently contributes both the employer's required contribution; and the employee's required contribution with the exception of three percent (3%). Effective December 30, 2012, the employee will contribute the full employee's share of the WRS rate as actuarially determined by the WRS for general employees. The full employee's share for 2012 is five and nine tenths percent (5.9%).
 7. Life Insurance. The County provides life insurance through the Wisconsin Retirement System equal to your yearly salary with the county paying the premium. Up to four additional units of insurance equal to your yearly salary are available to you; however, you must pay the premium. In addition, spouse and dependent coverage is also available if you pay the premium
 8. Post Employment Health Plan (PEHP). The County will establish a trust account in your name for the purpose of reimbursing post-employment health expenses and will contribute twelve dollars and eight cents (\$12.08) on a bi-weekly basis.
 9. Disability Insurance. Long-term disability insurance is available to employees through Unum Provident, with the employee paying the premium.
 10. Section 125 Flexible Spending Program. The County provides a Section 125 program wherein you may set aside pre-tax dollars to use for vision and dental expenses or for dependent care expenses.
 11. Deferred Compensation Program. The County provides an additional annuity program wherein pre-tax dollars can be deposited in an investment of your choice through providers used by the County.

12. Uniform Allowance. The County provides allowance for uniforms, laundry and clothing. You will be eligible for \$500 annually coinciding with the 2nd payroll in January each year.

13. Social Security Program. The County provides Social Security and Medicare contributions.

For more information on the benefits package, please consult with the Benefits & Payroll Specialist.

If the terms and conditions of employment as outlined in this letter are satisfactory, please sign and date the certification portion of this letter and return to me as soon as possible.

I would like to congratulate you on your new position and wish you every success. If you have any questions regarding your employment, please feel free to contact me at any time.

Very truly yours,



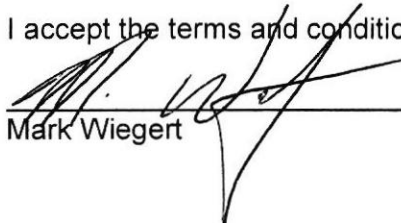
Patrick W. Glynn
Human Resource Director

PWG:vlh
Enclosure

cc: Mark Ott, Sheriff
Brett Bowe, Chief Deputy
Sandy Lardinois, Payroll & Accounting Coordinator
Kim Gerner, Benefits & Payroll Specialist
Personnel file

CERTIFICATION:

I accept the terms and conditions of employment as detailed above.



Mark Wiegert

9-12-12

Date

Calumet County
Position Description

Job Title: Lieutenant (Jail)
Department: Sheriff's Department
Reports To: Chief Deputy
FLSA Status: Exempt
Prepared By: Patrick W. Glynn, H.R. Director
Prepared Date: May 7, 2012
Approved By: Finance & Audit/IS/Salary & Personnel Committee
Approved Date: May 7, 2012
Approved By: County Board of Supervisors
Approved Date: May 15, 2012

Summary: Under the general direction of the Sheriff, or his designee, the Lieutenant (Jail) plans, organizes, supervises, and coordinates activities of the Calumet County Jail by performing the following duties. Provides supervision and assistance to the Field Services Division on an as needed basis. Performs related duties as required.

Essential Duties and Responsibilities include the following. Other duties may be assigned.

- Plans, organizes and directs the activities and operations of the Calumet County Jail including security requirements; inmate supervision, discipline, recreation, classification, and housing assignments; legal processes related to booking, transfer, release, and court appearances; facility maintenance; inmate work programs; and related programs and services.
- Prepares, manages, and oversees the jail budget. Orders and maintains jail supplies as needed for daily operations of the jail.
- Assists in the development, implementation, review, and communication of department policies, procedures, and implementation of legal requirements. Evaluates department operations and makes recommendations, as needed. Assists Sheriff and Chief Deputy in the daily and long range planning for department. Administers the jail meal and jail health programs; preparing monthly vouchers and billing statements; preparing necessary records and reports; etc.
- Escorts inmates to court, assists in court security and Court Officer duty, as needed, as an armed officer.
- Serves as Training Instructor/Coordinator for the Jail Division. Performs or assists with the following duties: identifies training needs of personnel; plans and coordinates training program; maintains department field training; assigns new employees to field training officers; and maintains records and documentation of training programs attended.
- Enforces County Ordinances, state and federal law. Assists subordinates in performance of duties. Responds to crisis, disasters and tactical situations to provide direction and assess the need for specialized assistance or resources. Provides administrative assistance and coordination to subordinate supervisors.
- Assures compliance with federal, state, and local laws, rules, regulations, and guidelines related to detention facility standards and operations.
- Coordinates the investigation of and response to inmate complaints and infractions according to policy and law

- Prepares or oversees preparation of a variety of plans or reports related to inmate population, staff utilization, facility functions and operations, and related subjects.
- Conducts necessary research of laws, ordinances, policies, rules, regulations, and new programs to insure proper operation of department and training of staff. Maintains working knowledge of state statutes; county ordinances; village ordinances, as required; department policies, rules and procedures. Prepares and maintains evacuation and other contingency plans.
- Maintains open and effective communications with management, employees, citizens, media and other public safety agencies.
- Serves as liaison to various boards, committees, agencies, and departments that relate to regulatory compliance and the jail facility operations and development. Designated by Sheriff and/or Chief Deputy to represent the Department at meetings, seminars, and public safety presentations. Coordinates, develops and maintains an effective working relationship with all appropriate agencies.
- Works closely with Sheriff's Department administration to evaluate and ensure the safe, efficient, and effective operations of the Field Services Division, so as to provide appropriate law enforcement services to the public. Performs routine patrol, as needed.
- In the absence of the Sheriff or Chief Deputy, calls out aid from fellow officers or other agencies to control any existing or potential emergency.
- Observes employee's appearance and conduct of personnel to ensure it meets the department's policy manual requirements.
- Under the direction of the Chief Deputy, conducts internal affairs investigations regarding possible department personnel misconduct and records cases of misconduct, insubordination or neglect of duty; files a written report.
- It is unlikely an employee will perform all the duties listed on a regular basis, nor is the list exhaustive in the sense it covers all the duties an employee may be required to perform. The examples are merely indicative, not restrictive.

Supervisory Responsibilities

Manages subordinate supervisors and employees in the Sheriff's Department. Is responsible for the direction, coordination, and evaluation of employees in the Jail Division. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, conducting background checks on prospective department employees, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems. Prepares schedules, maintains minimum staffing levels and manages time off requests.

Qualifications: *To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

Education and/or Experience

Bachelor's degree from a four-year college or university in Criminal Justice or related field; five or more years law enforcement experience, two to three years of which should have been supervisory; or equivalent combination of education and experience. Experience as a corrections officer strongly preferred.

Language Skills

Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Mathematical Skills

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

Reasoning Ability

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

Computer Skills

To perform this job successfully, an individual should have knowledge of accounting software; spreadsheet software and word processing software.

Certificates, Licenses, Registrations

Possession of a valid Wisconsin Driver's License.

Certified as a Law Enforcement Officer by the Training and Standards Board, Wisconsin Department of Justice.

Certified as a Corrections Officer by the Training and Standards Board, Wisconsin Department of Justice.

Physical Demands: *The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel objects, tools, or controls; and talk and hear. The employee is frequently required to reach with hands and arms; to stand and walk. The employee is occasionally required to stoop, kneel, and crouch. The employee must regularly lift and/or move from 10 to 25 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision and depth perception.

The employee must be able to use weapons or objects to defend him/herself and/or others; and use physical force to control, subdue or arrest combative individuals.

Work Environment: *The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

Normal office conditions with little or no exposure to extreme conditions. Although, while performing supervisory or law enforcement duties of this job, the employee may be exposed to verbal threats or assaults or physical assaults by suspects, arrested persons, inmates or intoxicated individuals; and intense levels of stressful activities. The employee may be exposed to harsh environmental conditions including extreme cold, wind, rain, snow, and thunderstorms.

The noise level in the work environment is usually moderate.

[View Exam Plan](#) [View All Applicants](#) [View Applicants By Step](#) [Education Scoring](#) [Work Experience Rating](#)
[Special Credit Rating](#) [Add Skills](#) [View Master Profile](#)

[Show Candidate Disposition](#)

Application 2 of 2

[« Previous Applicant](#) | [Next Applicant »](#)

[Print View](#)

2012-00243 - Lieutenant (Jail)

Contact Information -- Person ID: 8587397

Name: Mark D Wiegert Address: 
 Home Phone:  Alternate Phone: 
 Email:  Former Last Name:
 Month and Day of Birth: 

Personal Information

Driver's License: Yes, Wisconsin , Class D
 Can you, after employment, submit proof of your legal right to work in the United States? Yes
 What is your highest level of education? Associate's Degree

Preferences

Preferred Salary: \$31.98 per hour; \$62,591.00 per year
 Are you willing to relocate? Already living in Calumet County
 Types of positions you will accept: Regular
 Types of work you will accept: Full Time
 Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends

Objective

To be promoted to lieutenant Of Calumet County and continue to serve its citizens through my leadership and experience.

Education

College Did you graduate: Yes
Fox Valley Technical College Recruit School College Major/Minor:
 1/1992 - 2/1992 Degree Received: Other
 Appleton, Wisconsin

College Did you graduate: Yes
Lakeshore Technical College College Major/Minor: Police Science
 1/1989 - 1/1991 Units Completed: 4 Semester
 Cleveland, Wisconsin Degree Received: Associate's

Work Experience

Sergeant Investigator/Undersheriff Hours worked per week: 40
 3/2002 - Present Monthly Salary: \$4,400.00
 Calumet County Sheriffs Department Name of Supervisor: Mark Ott - Sheriff
 206 Court St May we contact this employer? Yes
 Chilton, Wisconsin 53014
 (920) 849-2335

Duties

Serve the citizens of Calumet County by investigating crimes in and around Calumet County. Assist other officers with the investigation of crime and supervise crime scenes.

Reason for Leaving

NA

Captain Hours worked per week: 8
 6/1987 - 8/2006 Monthly Salary: \$150.00
 Valders Fire Department and Ambulance Service Name of Supervisor: Daniel Esser - Fire Chief
 207 Eisenhower St May we contact this employer? Yes
 Valders, Wisconsin
 (920) 775-4526

Duties

Supervised a team of firefighters and EMT's for paid-on call service. Responsible for maintaining and developing training for members. Assisted in budgeting and grant writing for the department.

Reason for Leaving

Moved to a new city

Patrol Officer

1/1994 - 3/2002

Calumet County Sheriffs Department
Chilton, Wisconsin 53014
(920) 849-2335

Hours worked per week: 40

Monthly Salary: \$3,300.00

Name of Supervisor: John Hocks - Lieutenant

May we contact this employer? Yes

Duties

To enforce local, state, and federal laws as well as crime prevention through routine patrol and serve the citizens of Calumet County.

Reason for Leaving

Promoted to Sergeant Investigator

Patrol Officer

11/1992 - 1/1996

Brillion Police Department
120 Calumet St
Brillion, Wisconsin 54110
(920) 756-2221

Hours worked per week: 16

Monthly Salary: \$512.00

Name of Supervisor: Dan Alloy

May we contact this employer? Yes

Duties

Enforce local, state, and federal laws as well as routine patrol and crime prevention.

Reason for Leaving

New job at sheriff's department demanded more time.

Certificates and Licenses

Type: CPR

Number:

Issued by: Fox Valley Technical College

Date Issued: 6 /2010 Date Expires: 6 /2012

Type: Boating Safety Certificate

Number:

Issued by: Department of Natural Resources

Date Issued: 7 /2003 Date Expires:

Type: Snowmobile Safety Certificate

Number:

Issued by: Wisconsin Department of Natural Resources

Date Issued: 3 /1983 Date Expires:

Skills

Office Skills

Typing:

Data Entry:

Additional Information

References

Professional

Pagel, Gerald

Former Sheriff

[Redacted]

Professional

Robert, Hermann

Manitowoc County Sheriff

[Redacted]

Professional

Dedering, John

Former Sgt Investigator Calumet County

[Redacted]

Professional
Froelich, Jeff
Calumet County Circuit Court Judge



Resume

Text Resume
Mark D. Wiegert



Experience

Sergeant Investigator, Calumet County Sheriff's Department, Chilton, WI, March 2002 - Present. Also served as Deputy Sheriff from January 1994 - March 2002

- Led the Halbach murder investigation along with an investigator from DCI. Supervised 100+ officers from several agencies; managed evidence collection; and coordinated interactions with the victim's family as well as media.
- Shared knowledge and experiences from the Halbach investigation with other law enforcement agencies as a state-wide and national speaker
- Designed and wrote a two-hour educational seminar on crime scene management for the National Association of Crimes Against Women seminar in Dallas, TX
- Successfully led numerous investigations, from burglaries to homicides, including the Roger Rosenthal homicide investigation in Chilton as well as the Brian Eklund homicide in Darboy.
- Currently manage the Evidence Tech Unit
- Have taught numerous firefighters on the art of interviews and interrogation
- Sheriff's Department coordinator and liaison for Calumet County Neighborhood Watch Program from 1996 - 2003.
- Assisted in writing the current policy and procedure used by the Fox Valley Sexual Assault Response teams for law enforcement agencies throughout Northeast Wisconsin

Patrol Officer, Brillion Police Department, Brillion, WI, 11/92 - 1/96

Patrol Officer, Valders Police Department, Valders, WI, 1/92 - 1/94

Captain / Firefighter, Valders Fire Department and Ambulance Service, 6/87 - 1/2006

- Supervised 50+ firefighters and EMTs
- Responsibilities included scheduling, preparing budgets and maintaining education records
- Wrote the policy and procedure manual for Valders Fire Department and Ambulance Service

Awards and Recognition

- 2008 Meritorious Service Award from the Wisconsin Association of Homicide Investigators
- 2008 State of Wisconsin Police Officer of the Year
- 2007 Outstanding Victim Advocate Award from the State of Wisconsin Victim Witness Association

Professional Memberships

- Wisconsin Association of Homicide Investigators
- International Association of Arson Investigators
- Calumet County Fire Investigation Unit - Board Member
- Calumet County Crimestoppers - Board Member
- Calumet County Deputy Association - 3 term President
- Founding member of Fox Valley Sexual Assault Response Team

Education

Professional Ethics, January 2011
EXCElating Learning Series, August 2009

State of WI Law Enforcement Recruit School Training
Fox Valley Technical College, Appleton, WI, Graduated 1992

Associate Degree - Police Science
Lakeshore Technical College, Cleveland, WI, Graduated 1991

Attachments

Attachment	File Name	File Type	Created By	Action
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Letters of commendation	mark wiegert attachments	Other	Job Seeker	Edit
Agency-Wide Questions				
1. Q: I acknowledge that I have read, understand and agree to the entire content of the Application Procedures and Employment Information stated on the Employment Opportunities page and that any incomplete or conflicting information may disqualify my application from further consideration.				
A: Yes				
2. Q: Have you ever been employed by Calumet County?				
A: Yes				
3. Q: Are you related to any Calumet County employee or elected official? (If the answer is "yes", please provide an explanation in the "Explanation(s)/Summary Information" section below.)				
A: No				
4. Q: Are you at least 18 years of age? (Employment may be subject to verification that you meet state and federal minimum age requirements. Employees under 18 shall have a work permit.)				
A: Yes				
5. Q: Are you a United States citizen, or do you have papers from the U.S. government permitting you to work? (Verification will be required at the time of employment.)				
A: Yes				
6. Q: Have you ever been suspended, terminated, discharged or resigned to avoid being discharged?				
A: No				
7. Q: Have you ever been disciplined for attendance problems in your current or previous employment?				
A: No				
8. Q: Are there any gaps in employment in excess of thirty (30) days?				
A: No				
9. Q: Are you able to perform all of the duties listed in the Class Specifications, with or without reasonable accommodation?				
A: Yes				
10. Q: Please check the referral source.				
A: Other				
11. Q: (Please refer to the Class Specifications for the position for which you are applying.) I agree that if a Driver's License is required, I will complete Questions 13 - 18.				
A: Yes				
12. Q: Do you have access to an automobile?				
A: Yes				
13. Q: Do you have a valid Wisconsin Commercial Driver's License (CDL)?				
A: No				
14. Q: I have answered Yes to Question 14, that I have a valid Wisconsin Commercial Driver's License (CDL) and have the following...Class A, B, C, D, Endorsement N and Air Brake Endorsement. (Please list all that apply.)				
A:				
15. Q: Do you have, or can you make arrangements to obtain, insurance coverage meeting the County's minimum liability insurance requirements on your personal vehicle? (\$100,000 per person; \$300,000 per accident bodily injury; \$50,000 per accident property damage; or \$300,000 combined single limit)?				
A: Yes				
16. Q: Date Available to start employment?				
A: Immediately				
17. Q: Explanation(s)/Summary Information				
A:				
Supplemental Questions				
1. Q: Please describe your highest level of education:				
A: Associates Degree in Criminal Justice or related field				

- 2.** Q: Are you certified as a Corrections Officer by the Wisconsin Department of Justice Training and Standards Board?
A: No
-
- 3.** Q: Are you certified as a Law Enforcement Officer by the Wisconsin Department of Justice Training and Standards Board?
A: Yes
-
- 4.** Q: Do you possess a valid Wisconsin Driver's License?
A: Yes
-
- 5.** Q: Do you agree that all answers provided in the Supplemental Questions can be verified within this application?
A: Yes
-
- 6.** Q: Are you willing to undergo, and confident that you will pass, a comprehensive background investigation?
A: Yes

« [Previous Applicant](#) | [Next Applicant](#) »

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Request for Verification of Employment

0313282897

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.
 Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return DIRECTLY to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.


Part I - Request

1. To (Name and address of employer) Calumet County Employment Verification 206 Court Street Chilton, WI 53014	2. From (Name and address of lender) Michele Martin Great Midwest Bank, SSB 15900 W Blucmound Rd Brookfield, WI 53005 Phone 262-641-1396 Fax 262-641-1390
---	---

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Michele Martin</i>	4. Title Loan Processor	5. Date 10/23/2012	6. Lender's No. (Optional) 0313282897
---	-----------------------------------	------------------------------	---

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant Mark D Wiegert 	8. Signature of Applicant Sec attached borrower's authorization X
--	--

Part II - Verification of Present Employment

9. Applicant's Date of Employment 01-05-1994	10. Present Position Jail Lieutenant	11. Probability of Continued Employment Good	
12A. Current Gross Pay Base (Enter Amount and Check Period) \$ 32.09 <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Hourly	13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____	14. If overtime or Bonus is Applicable, is its Continuance likely? Overtime <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15. If paid hourly - avg. hours per week 40 16. Date of applicant's next pay increase 01-01-2013 17. Projected amount of next pay increase 2% 18. Date of applicant's last pay increase 09-24-12 19. Amount of last pay increase \$4.11 (promotion)	
12B. Gross Earnings			
Type	Year To Date	Past Year 2011	Past Year 2010
Base Pay	51,400.20	58,130.45	56,356.70
Overtime	4,670.45	6,622.52	7,575.01
Commissions			
Bonus			
Total	56,070.65	64,752.97	63,931.71
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)			

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commissions _____ Bonus _____
24. Reason for Leaving	25. Positions Held

Part IV - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Kim Gerner</i>	27. Title (Please print or type) Benefits + Payroll Spec.	28. Date 10-25-12
29. Please print or type name signed in Item 26. Kim Gerner	30. Phone No. 920-849-1460	

Fixed 10-25-12




BORROWER SIGNATURE AUTHORIZATION

Borrower(s) : Mark Wiegert
 Laura Wiegert

I hereby authorize Great Midwest Bank, SSB to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize Great Midwest Bank, SSB to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references and order mortgage payoff requests. It is understood that a copy of this form will also serve as authorization.

The information Great Midwest Bank, SSB obtains is only to be used in the processing of my application for a mortgage loan and it is understood that the information may be shared with other companies who may be responsible for underwriting and approving my mortgage loan, including Wholesale Mortgage providers and Private Mortgage Insurers, any of which have a responsibility to keep my information private.



 Borrower

10/10/12

 Date



 Co-Borrower

10/10/12

 Date

 Co-Borrower

 Date

NOTICE TO BORROWERS: This is notice to you as required the Right to Financial Privacy Act of 1978 that HUD/FHA has a right to access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

15900 W. Bluemound Road
Brookfield, WI 53005

Great Midwest Bank

Fax-Confidential

Attr: Calumet County

From: Michele Martin

Fax#: 920-849-1475

Pages: 3

Phone#: 920-849-1400

Date: October 23, 2012

Re: Verification of Employment

CC:

Urgent For Review Please Comment Please Reply Please Recycle

To Whom it May Concern:

Please complete the Verification of Employment and **Please fax back to 262-641-1390 or e-mail me at Michele.m@greatmidwestbank.com**

If you have any questions or need anything else from me please feel free to contact me at 262-641-1396.

Thank you,



Michele Martin
Loan Processor



PTO DISTRIBUTION FORM

Please complete this form and return to the Personnel Department by November 15, 2013

Printed Name: Mark Wiegert	Department: Sheriff's
-----------------------------------	------------------------------

AUTOMATIC ANNUAL TRANSFER OF PTO TO PEHP:


Provided there is a minimum of 150 hours remaining in the employee's PTO bank as of 7:00 AM on December 1, 2013, up to 75 hours PTO will be transferred (to bring the PTO balance to no less than 150 hours) to the employee's PEHP account at the employee's current rate of pay as of December 1, 2013. No action needs to be taken by the employee for this automatic transfer to occur.

REQUEST FOR DISTRIBUTION:

I request to alter the automatic PTO transfer to PEHP or transfer PTO hours to the ELB as indicated by my choice(s) below:

<p><u>75</u></p> <p>Number Of Hours from PTO to PEHP</p>	<p><u>I am modifying the automatic annual transfer of PTO hours to my PEHP Account or I am not eligible for automatic annual transfer and I elect to convert the number of PTO hours indicated on the line to the left into my PEHP Account.</u> The maximum number of hours allowed to be converted per year is 75 hours. Completely opt out of the automatic annual transfer by placing a zero (0) on the line to the left. <i>The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
<p>_____</p> <p>Number of Hours from PTO to ELB</p>	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB:</u> The maximum number of hours that can be transferred into the ELB is 200 hours per year. <i>The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted at the end of the calendar year as defined by the PEHP Policies.</i></p>

Any conversion request will be processed on the December 6, 2013 payroll based on the employee's current rate of pay as of December 1, 2013. Any remaining PTO hours will automatically be carried forward into next year.


11-13-13
 Employee Signature Date

Please refer to the Calumet County Personnel Policy Manual for more specific information regarding the options & benefits available to County employees and your most recent paystub for PTO balances.

PTO DISTRIBUTION FORM

Printed Name: <i>Mark Wiegert</i>	Department: <i>Sheriff</i>
--	-----------------------------------

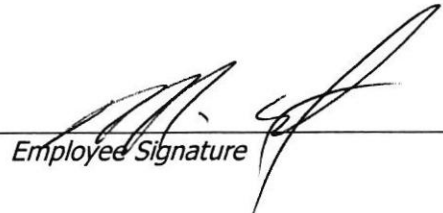
ANNUAL TRANSFER OF PTO TO PEHP AND/OR PTO to ELB:

- **THERE IS NO AUTOMATIC TRANSFER OF HOURS** – this form must be filled out annually in order to transfer hours.
- If you do not want to transfer any PTO hours – ***DO NOTHING!***
- This form is due back to the Personnel Division by **NOVEMBER 21, 2014**.
- **ALL** requests will be processed on the December 5, 2014 payroll.
- The rate of pay used to transfer PTO to PEHP will be the employee's rate as of December 1, 2014.
- Any remaining PTO hours will automatically be carried forward into next year.

REQUEST FOR DISTRIBUTION:

I request to transfer PTO hours to my PEHP Account and/or transfer PTO hours to my ELB as indicated by my choice(s) below:

<div style="text-align: center; font-size: 24px; margin-bottom: 10px;"><u>75</u></div> Number Of Hours from PTO to PEHP	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my PEHP Account.</u></p> <p><i>The maximum number of hours allowed to be converted per year is 75 hours. The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
_____ Number of Hours from PTO to ELB	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB.</u></p> <p><i>The maximum number of hours that can be transferred into the ELB is 200 hours per year. The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted at the end of the calendar year as defined by the PEHP Policies.</i></p>


11-14-14
 Employee Signature Date

Please refer to your most recent paystub for PTO balances.



Nationwide Retirement Solutions
PO BOX 182797
COLUMBUS OH 43218-2797

April 13, 2015

SANDY LARDINOIS
COUNTY OF CALUMET
206 COURT ST
CHILTON, WI 53014-1127

COUNTY OF CALUMET, 0037054
Pay Center Number: 001

Here are your enrollments and contribution changes

Recent enrollments and contribution changes for your employees are listed below. Please make these changes using the effective pay date provided.

Contribution Type: Salary Reduction

IRS	Type of Activity	Social Security #	Name	Prior Contribution	New Contribution	Effective Pay Date ¹	Catch Up Amount
457	Contribution Election	[REDACTED]	MARK D. WIEGERT	\$75.00	\$100.00	5/1/2015	\$0.00

Total changes for this IRS: 1

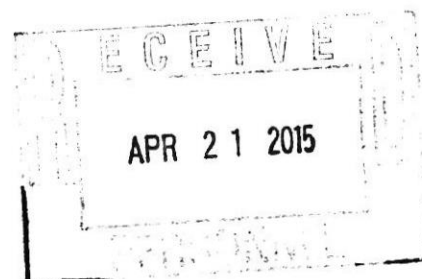
If you have questions about this information, please contact us at your earliest convenience. Call us toll-free at 1-877-677-3678, Monday-Friday 8:00 a.m. - 11:00 p.m. (EST).

Thank you for trusting us with your retirement plan. We look forward to serving you again.

Sincerely,

Kim K. Daniel
AVP, Processing, Administration, Contact Center

- Contributions can't become effective prior to the first day of the month following submission of a request. The Pay Center is responsible for ensuring enrollment or contribution changes do not begin too early.



88322000102019

undated 5/16/15

2015 PTO DISTRIBUTION FORM

Printed Name: <i>Mark Wiegert</i>	Department: <i>Sheriff</i>
--	-----------------------------------


ANNUAL TRANSFER OF PTO TO PEHP AND/OR PTO to ELB:

- **THERE IS NO AUTOMATIC TRANSFER OF HOURS** – this form must be filled out annually in order to transfer hours.
- If you do not want to transfer any PTO hours – **DO NOTHING!**
- This form is due back to the Personnel Division by **NOVEMBER 20, 2015.**
- **ALL** requests will be processed on the December 4, 2015 payroll.
- The rate of pay used to transfer PTO to PEHP will be the employee's rate as of December 1, 2015.
- Any remaining PTO hours will automatically be carried forward into next year.

REQUEST FOR DISTRIBUTION:

I request to transfer PTO hours to my PEHP Account and/or transfer PTO hours to my ELB as indicated by my choice(s) below:

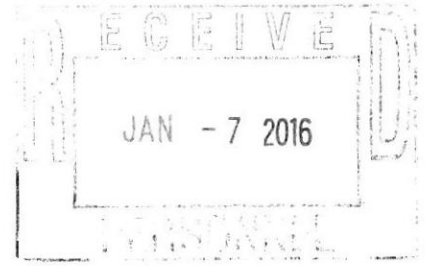
<p style="text-align: center; font-size: 1.2em;"><u>75</u></p> <p>Number Of Hours from PTO to PEHP</p>	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my PEHP Account.</u></p> <p><i>The maximum number of hours allowed to be converted per year is 75 hours. The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
<p style="text-align: center;">_____</p> <p>Number of Hours from PTO to ELB</p>	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB.</u></p> <p><i>The maximum number of hours that can be transferred into the ELB is 200 hours per year. The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted at the end of the calendar year as defined by the PEHP Policies.</i></p>


10/29/15
 Employee Signature Date

Please refer to your most recent paystub for PTO balances.



Nationwide Retirement Solutions
PO BOX 182797
COLUMBUS OH 43218-2797



December 30, 2015

SANDY LARDINOIS
COUNTY OF CALUMET
206 COURT ST
CHILTON, WI 53014-1127
COUNTY OF CALUMET, 0037054
Pay Center Number: 001

Here are your enrollments and contribution changes

Recent enrollments and contribution changes for your employees are listed below. Please make these changes using the effective pay date provided.

Contribution Type: Salary Reduction

IRS	Type of Activity	Social Security #	Name	Prior Contribution	New Contribution	Effective Pay Date ¹	Catch Up Amount
457	Contribution Election	[REDACTED]	MARK D. WIEGERT	\$100.00	\$125.00	1/4/2016	\$0.00

Total changes for this IRS: 1

If you have questions about this information, please contact us at your earliest convenience. Call us toll-free at 1-877-677-3678, Monday-Friday 8:00 a.m. - 11:00 p.m. (EST).

Thank you for trusting us with your retirement plan. We look forward to serving you again.

Sincerely,

Kim K. Daniel
AVP, Processing, Administration, Contact Center

- Contributions can't become effective prior to the first day of the month following submission of a request. The Pay Center is responsible for ensuring enrollment or contribution changes do not begin too early.

30278000057015

updated for 1-15-16 PR

ACKNOWLEDGMENT FORM

The "Calumet County Personnel and General Administrative Policy Manual" is available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

I acknowledge that I have either received a copy of, or have been granted electronic access to, the revised "Calumet County Personnel and General Administrative Policy Manual" dated January 2016.

I acknowledge that revisions to the Manual may occur, and I understand that revised information shall supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this Manual and any revisions made to it.

Mark Wiegert [Signature] 3/8/16
Employee (Print Name) Employee (Signature) Date

Distributor of Policy (Signature) Date

2016 PTO DISTRIBUTION FORM

Printed Name: Mark Wiegert	Department: Sheriff
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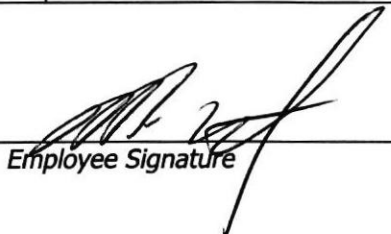
ANNUAL TRANSFER OF PTO TO PEHP AND/OR PTO to ELB:

- **THERE IS NO AUTOMATIC TRANSFER OF HOURS** – this form must be filled out annually in order to transfer hours.
- If you do not want to transfer any PTO hours – **DO NOTHING!**
- This form is due back to the Personnel Division by **NOVEMBER 18, 2016.**
- **ALL** requests will be processed on the December 2, 2016 payroll.
- The rate of pay used to transfer PTO to PEHP will be the employee's rate as of December 1, 2016.
- Any remaining PTO hours will automatically be carried forward into next year.

REQUEST FOR DISTRIBUTION:

I request to transfer PTO hours to my PEHP Account and/or transfer PTO hours to my ELB as indicated by my choice(s) below:

<div style="text-align: center; font-size: 1.5em; font-weight: bold;">75</div> Number Of Hours from PTO to PEHP	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my PEHP Account.</u></p> <p><i>The maximum number of hours allowed to be converted per year is 75 hours. The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
<div style="text-align: center; border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> Number of Hours from PTO to ELB	<p><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB.</u></p> <p><i>The maximum number of hours that can be transferred into the ELB is 200 hours per year. The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted as defined by the PEHP Policies.</i></p>



 Employee Signature

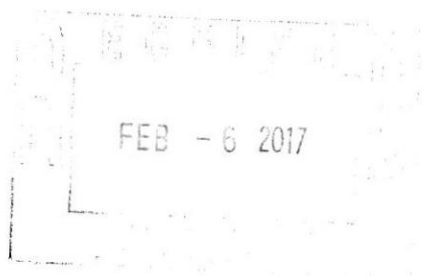
10/3/16

 Date

Please refer to your most recent paystub for PTO balances.



Nationwide
PO BOX 182797
COLUMBUS OH 43218-2797



January 30, 2017

SANDY LARDINOIS
COUNTY OF CALUMET
206 COURT ST
CHILTON, WI 53014-1127

COUNTY OF CALUMET, 0037054
Pay Center Number: 001

Here are your enrollments and contribution changes

Recent enrollments and contribution changes for your employees are listed below. Please make these changes using the effective pay date provided.

Contribution Type: Salary Reduction

IRS	Type of Activity	Social Security #	Name	Prior Contribution	New Contribution	Effective Pay Date ¹	Catch Up Amount
457	Contribution Election	[REDACTED]	MARK D. WIEGERT	\$125.00	\$175.00	2/1/2017	\$0.00

Total changes for this IRS: 1

If you have questions about this information, please contact us at your earliest convenience. Call us toll-free at 1-877-677-3678, Monday-Friday 8:00 a.m. - 11:00 p.m. (EST).

Thank you for trusting us with your retirement plan. We look forward to serving you again.

Sincerely,

Kim K. Daniel
AVP, Processing, Administration, Contact Center

- Contributions can't become effective prior to the first day of the month following submission of a request. The Pay Center is responsible for ensuring enrollment or contribution changes do not begin too early.

95051000113014

Appendix "D" - Acknowledgment Form

(EMPLOYEE COPY- please retain top portion for your records.)

The "Calumet County Personnel and General Administrative Policy Manual" is available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

I acknowledge that I have either received a copy of, or have been granted electronic access to, the revised "Calumet County Personnel and General Administrative Policy Manual" dated January 2017.

I acknowledge that revisions to the Manual may occur, and I understand that revised information shall supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this Manual and any revisions made to it.

_____/_____/_____
Distributor of Policy Employee Receiving Policy Date

Cut along dotted line. Sign, date and return bottom portion to the Department of Administration

----- ✂ ----- ✂ -----

ACKNOWLEDGMENT FORM

The "Calumet County Personnel and General Administrative Policy Manual" is available either in paper format, or in electronic format on the County's Intranet server. Those employees with access to the Intranet server will not be supplied with paper copies, but will be granted electronic access to the policies.

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Furthermore, I acknowledge that this Manual is neither a contract of employment nor a legal document. I understand that it is my responsibility to read, review, and comply with the policies contained in this Manual and any revisions made to it.

Mark Wisger [Signature] 2/23/17
Employee (Print Name) Employee (Signature) Date

_____/_____
Distributor of Policy (Signature) Date

2017 PTO DISTRIBUTION FORM

Printed Name: <i>Mark Wiegert</i>	Department: <i>Sheriff's</i>
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ANNUAL TRANSFER OF PTO TO PEHP AND/OR PTO to ELB:

- **THERE IS NO AUTOMATIC TRANSFER OF HOURS** – this form must be filled out annually in order to transfer hours.
- If you do not want to transfer any PTO hours – **DO NOTHING!**
- This form is due back to the Personnel Division by **NOVEMBER 17, 2017.**
- **ALL** requests will be processed on the December 1, 2017 payroll.
- The rate of pay used to transfer PTO to PEHP will be the employee's rate as of December 1, 2017.
- Any remaining PTO hours will automatically be carried forward into next year.

REQUEST FOR DISTRIBUTION:

I request to transfer PTO hours to my PEHP Account and/or transfer PTO hours to my ELB as indicated by my choice(s) below:

<p style="text-align: center; font-size: 1.5em;"><u>75</u></p> <p>Number Of Hours from PTO to PEHP</p>	<p style="text-align: center;"><u>I elect to transfer the number of PTO hours indicated on the line to the left into my PEHP Account.</u></p> <p><i>The maximum number of hours allowed to be converted per year is 75 hours. The maximum accrual balance for PTO at any given time is 325 hours.</i></p>
<p style="text-align: center; font-size: 1.5em;"><u>40</u></p> <p>Number of Hours from PTO to ELB</p>	<p style="text-align: center;"><u>I elect to transfer the number of PTO hours indicated on the line to the left into my ELB.</u></p> <p><i>The maximum number of hours that can be transferred into the ELB is 200 hours per year. The maximum accrual balance for ELB may not exceed 1,250 hours. Any excess of maximum ELB accrual will be converted as defined by the PEHP Policies.</i></p>


11/4/17
 Employee Signature Date

Please refer to your most recent paystub for PTO balances.

Enrollment and Contribution details

Contribution type: Salary Reduction

IRS	Type of Activity	SSN#	Name	Prior Contribution Amount	New Contribution Amount	Effective Pay date ¹	Catch up Amount
457	Contribution Election	[REDACTED]	MARK D. WEGERT	\$175.00	\$200.00	January 2, 2018	\$0.00

Total changes for IRS = 1

¹Important information

Contributions cannot become effective prior to the first day of the month following submission of a request. The Pay Center is responsible for ensuring enrollment or contribution changes do not begin too early.

PO BOX 182797, COLUMBUS, OH 43218-2797

Retirement Specialists are Registered Representatives of Nationwide Investment Svcs. Corporation, Member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

Nationwide, the Nationwide N and Eagle and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. © 2017 Nationwide

NRN-0432AO.2

modification for 2-9-18



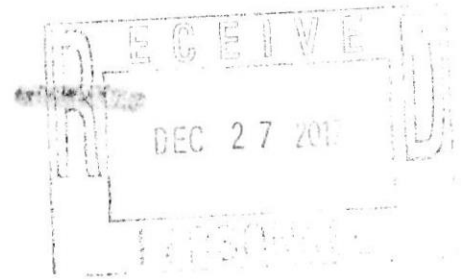
Nationwide®
is on your side

COUNTY OF CALUMET

Page 1 of 2

Date prepared December 18, 2017
Questions? Call 1-877-677-3678
Visit us online www.nrsforu.com

KIM GERNER
COUNTY OF CALUMET
206 COURT ST
CHILTON WI 53014-1127



Employee contribution changes

Thank you for choosing us for your employee retirement plan needs. We recently received the enrollment and contribution changes for your employees. Please see the changes on the reverse side and make these updates using the effective pay date provided.

**Access your
information online**
Register for the online
service center at
www.nrsforu.com.

Plan details

Plan name: COUNTY OF CALUMET
Plan number: 0037054
Pay center number: 001

We are here to help

If you have any questions or need additional information, contact us at 1-877-677-3678. Our specialists are available Monday-Friday 8:00 a.m. - 11:00 p.m. (EST).

53758000113016



See reverse side for additional information

Nationwide Retirement Solutions Payroll Authorization Card
 (Please complete and submit to your Payroll Center)

I. Personal Information

Social Security Number: [REDACTED] Date of Birth: _____
 Name: Mark Wiegert
 Address: _____
 Additional Address: _____
 City: _____ State: _____ Zip Code: _____
 Department: Sheriff's Office Work Phone: (920)-418-4087
 Participant Signature: [Signature]
 Date: 3/6/18
 DC-4621-0217 Original-Payroll Center Copy-Participant

II. Plan Information*

Plan Type: 457(b) 401 (a) IRA Product
 (Check only **ONE** plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: Increase Decrease Cancel

Pre-tax contribution: \$ 200 ^{OLD} or _____% \$ 220 ^{NEW} or _____%
 Roth contribution: \$ _____ or _____% \$ _____ or _____%
 (457(b) Plan Only)

*You may make both pre-tax and Roth contributions.

Frequency: Bi-weekly Monthly Other

Payroll Deduction to begin on: (Date) After 1st of the month

Catch Up Provision Utilized*: (select one option)

Yes, 3-year Yes, Age 50+ No

Normal Retirement Age: _____

* Contact Nationwide® at 1-877-NRS-FORU for further information on how catch up provisions work.

The earliest your enrollment or contribution change can start is the first day of the month following your completed request. Please remember, your employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/ Pay Center's responsibility to ensure deferrals do not commence too early.

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.

Kimberly Gerner

From: Todd Romenesko
Sent: Friday, March 16, 2018 2:42 PM
To: Michelle Wright; Kimberly Gerner
Subject: FW: ELB reversal

Follow Up Flag: Follow up
Flag Status: Flagged

Please see Mark's reply.

From: Mark Wiegert
Sent: Friday, March 16, 2018 2:37 PM
To: Todd Romenesko
Subject: Re: ELB reversal

I think now is fine. Thanks

Sent from my iPhone

On Mar 16, 2018, at 2:31 PM, Todd Romenesko <Romenesko.Todd@co.calumet.wi.us> wrote:

Hi Mark,

I checked with HR to see if logistically we could do the "reversal". See Michelle's reply. Which option do you prefer, now or following election?

Thanks,

Todd

From: Michelle Wright
Sent: Friday, March 16, 2018 12:42 PM
To: Todd Romenesko
Cc: Kimberly Gerner
Subject: ELB reversal

Todd,

We are able to reverse the last PTO transfer from Mark Wiegert's ELB back to his PTO bank as requested. Just let us know if you want the transfer completed now or wait to see if he is elected first.

Thanks,
Michelle

Michelle Wright
Human Resources Director
Calumet County

CALUMET COUNTY
Accrual Information

Employee : ██████████ WIEGERT, MARK D

Type options, press Enter.

2=Change 4=Delete 5=Display 7=History 9=Code History

Opt	Accrual Type	Previous	Current	Total	Usable	
-	COMP TIME	.000	.000	.000	.000	Inactive
-	EXTENDED LEAVE	1090.600	.000	1090.600	1090.600	
-	HOLIDAY COMP BA	.000	.000	.000	.000	Inactive
-	PAID TIME OFF	146.780	84.780	231.560	231.560	

Before

F3=Exit F6=Add F12=Cancel

More...

CALUMET COUNTY
Accrual Information

Employee : ██████████ WIEGERT, MARK D

Type options, press Enter.

2=Change 4=Delete 5=Display 7=History 9=Code History

Opt	Accrual Type	Previous	Current	Total	Usable	
-	COMP TIME	.000	.000	.000	.000	Inactive
-	EXTENDED LEAVE	1050.600	.000	1050.600	1050.600	
-	HOLIDAY COMP BA	.000	.000	.000	.000	Inactive
-	PAID TIME OFF	186.780	84.780	271.560	271.560	

After Hours were moved back.

F3=Exit F6=Add F12=Cancel

Bottom

Reversal completed 3-29-2018

Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

I. Personal Information

____ - ____ - ____ ____ - ____ - ____
Social Security Number Date of Birth

Mark Wiegert
Name

Address

Additional Address

____ _____ _____
City State Zip Code

____ () - ____ - ____
Department Work Phone

[Signature]
Participant Signature

11-9-17
Date

II. Plan Information*

Plan Type: 457(b) 401 (a) IRA Product
(Check only **ONE** plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: Initial Increase Decrease Cancel

Pre-tax contribution: \$ 125 ^{OLD} or ____% \$ 150 ^{NEW} or ____%
Roth contribution: \$ ____ or ____% \$ ____ or ____%
(457(b) Plan Only)

*You may make both pre-tax and Roth contributions.

Frequency: Bi-weekly Monthly Other _____
Payroll Deduction to begin on: (Date) 12-1-17

Catch Up Provision Utilized*: (select one option)

Yes, 3-year Yes, Age 50+ No

Normal Retirement Age: _____

* Contact Nationwide® at 1-877-NRS-FORU for further information on how catch up provisions work.

The earliest your enrollment or contribution change can start is the first day of the month following your completed request. Please remember, your employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/Pay Center's responsibility to ensure deferrals do not commence too early.

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.