

EMPLOYMENT APPLICATION

CITY OF URBANA RECEIVED
400 S. Vine Street FEB 14 2000
Urbana, IL 61801
217/384-2458



The City of Urbana is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, disability or membership in any other protected class as stipulated in the Urbana City Code.

APPLICANT INSTRUCTIONS: Print or type legibly, accurately, and thoroughly. Attach supplements if necessary. If you need assistance in completing this application, please contact Personnel at 217/ 384-2458. Application must have your signature to be valid. **INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED PER THE URBANA CIVIL SERVICE RULES.**

SPECIAL ACCOMMODATIONS: For those applicants with disabilities who need special accommodations to complete this application or any step in the application process, please notify our office at 217/384-2458 so that arrangements can be made.

POSITION(S) APPLIED FOR: Police Officer DATE: 2/14/2000

TYPE OF WORK DESIRED: FULL-TIME PART-TIME SEASONAL

DATE AVAILABLE FOR WORK: 2-3 weeks upon appointment HOURS AVAILABLE FOR WORK: All

NAME: KOKER JAMES CORY
Last First Middle

ADDRESS: _____
Street City State Zip Code

DAYTIME PHONE: (217) _____ EVENING PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
(OPTIONAL) (OPTIONAL)

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED (Please Circle)	DID YOU GRADUATE? (Please Circle)	DEGREE/ DIPLOMA/ CERTIFICATE
HIGH SCHOOL	Ben Davis High School 1200 N. Girlschool Rd Indianapolis, IN 46214	General	1 2 3 4 (4)	(Y) N	Diploma
COLLEGE	Mac Murray College 447 E. College Ave Jacksonville, IL 62650	Criminal Justice	1 2 3 4 (4)	(Y) N	Degree
OTHER (Please specify)			1 2 3 4	Y N	

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying B.S. Degree in

Criminal Justice, LEADS certified, State Certified Correctional Officer, Three
years of law enforcement experience in different divisions. As of March 31st
2000, I will obtain State Certification through P.T.I. at U of I.

RECORD OF MILITARY SERVICE

Branch of Military Service:	Entry Date:	Discharge Date:
Relevant Training:	Type of Discharge:	Current Status:

OTHER JOB-RELATED ACCOMPLISHMENTS

Please list any additional information you would like to provide such as special accomplishments, publications, awards, or related volunteer experience that would further qualify you for the position for which you are applying (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

EMPLOYMENT HISTORY

Please list all employers, including military service, summer employment, and part-time jobs. Complete each item for each employer, beginning with your most recent employer. Attach additional sheets if necessary.

EMPLOYER'S NAME AND ADDRESS	FROM		TO		FINAL WAGE	REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.		
City of Winchester 120 S. Hill St. Winchester, IL 62694	8	99	Present		\$ 10.10/hr	N/A
JOB TITLE: Police Officer	JOB DUTIES: Service calls for citizens, enforce traffic laws, and all laws in the State of Illinois. Patrol all areas of jurisdiction.					
NAME OF SUPERVISOR: Chief Charles Pritchett					SUPERVISOR'S PHONE NO. [REDACTED]	

EMPLOYER'S NAME AND ADDRESS	FROM		TO		FINAL WAGE	REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.		
Morgan Co. Sheriff's Ofc. 308 W. Court St JACKSONVILLE, IL 62650	6	97	8	99	\$ 9.26/hr	More training, & a better position in Law Enforcement
JOB TITLE: Dispatcher / Corrections Officer	JOB DUTIES: Disseminating Law Enforcement info. to road officer, speaking w/ the public, running a CAD program / Supervision of inmates, intake, transportation, and release of inmates.					
NAME OF SUPERVISOR: Sheriff Jim Robson					SUPERVISOR'S PHONE NO. [REDACTED]	

EMPLOYER'S NAME AND ADDRESS	FROM		TO		FINAL WAGE	REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.		
MacMurray College 447 E. College Ave JACKSONVILLE, IL 62650	6	96	8	96	\$400/bi-weekly	Summer employment only
JOB TITLE: Camp Counselor	JOB DUTIES: Supervise students, live in a dorm setting, teach classes, direct recreational activities					
NAME OF SUPERVISOR: Jon Neidy					SUPERVISOR'S PHONE NO.: [REDACTED]	

EMPLOYER'S NAME AND ADDRESS	FROM		TO		FINAL WAGE	REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.		
MacMurray College 447 E College Ave JACKSONVILLE, IL	6	95	8	95	\$400/bi-weekly	Summer employment only
JOB TITLE: Camp Counselor	JOB DUTIES: See above duties					
NAME OF SUPERVISOR: Eulouise Williams					SUPERVISOR'S PHONE NO.: [REDACTED]	

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and reason why. _____

Comments (including explanation of any gaps in employment). Most of my working years I was a college student. As a full time student I didn't have the time to work.

PERSONAL REFERENCES

Please list reference who are familiar with your knowledge, skills, and abilities, other than past supervisors and relatives.

NAME	ADDRESS	PHONE
[REDACTED]	[REDACTED]	[REDACTED]

	YES	NO
Can you furnish proof that you are 18 years of age, or if under 18, do you have a work permit?	✓	
Are you eligible for employment in the United States? (Proof of U.S. Citizenship or immigration status will be required upon employment.)	✓	
Have you been convicted of a felony, or released from prison in the past 7 years? NOTE: A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If "yes," please explain.		✓

SPECIAL QUESTIONS

Answer the questions in the following box only if checked, therefore indicating the question(s) are relevant to the job for which you are applying.

	YES	NO
<input checked="" type="checkbox"/> Do you have a valid driver's license? Number: [REDACTED] State: <u>IL</u> Type: <u>D</u>	✓	
<input checked="" type="checkbox"/> If hired, can you furnish proof that you are at least 21 years of age?	✓	
<input checked="" type="checkbox"/> Are you willing to undergo a physical examination by a physician, to prove you are physically able to perform the tasks of the job for which you have applied?	✓	
<input checked="" type="checkbox"/> Are you willing to undergo a pre-employment drug screen test?	✓	
<input checked="" type="checkbox"/> Can you furnish proof that you are a citizen of the United States?	✓	

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:

1. The City of Urbana is an Equal Opportunity Employer. Pursuant to law, discrimination because of race, sex, color, religion, national origin, physical or mental disability, age, or status as a disabled veteran or veteran of the Vietnam era is prohibited. If you believe you have been discriminated against, you may contact the City's Human Relations Officer or you may notify the appropriate federal or state agencies.
2. A medical evaluation or examination, or a drug screen test, may be required prior to employment. Employment may be conditional until results are known.
3. You must meet the minimum age requirements of applicable laws.
4. Your eligibility for a City of Urbana pension is based on the requirements set forth in the IMRF pension plan, or the Police and Fire Pension Board, the provisions of which will be described in the new employee publication that will be provided to you upon your employment.
5. The City of Urbana may conduct investigations, including verification of prior employment history, criminal and driving records, education, and any other information deemed applicable. By signing this application, you authorize the City of Urbana to make these investigations and you indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.

CERTIFICATE OF APPLICATION

I hereby certify that there are no misrepresentations in or falsifications of these statements and answers to questions. I am aware that should investigations disclose such, my application will be disqualified, my name will be removed from all eligible lists, and my applications for future positions will not be accepted. I am also aware that falsification of this application or any accompanying data may result in my dismissal from any position with the City of Urbana. I understand that acceptance of employment does not create a contractual obligation upon the City to continue to employ me in the future.

Date signed 2/14/2000 Signature of applicant [REDACTED]



C. Kotzer

DIVISION OF PUBLIC SAFETY

University of Illinois Police Department
1110 W. Springfield Ave., MC-240
Urbana, IL 61801-3024

Nov. 26, 2019

Chief of Police Bryant Seraphin
Urbana Police Department
400 S. Vine St.
Urbana, IL 61801

Chief Seraphin:

On behalf of the University of Illinois at Urbana-Champaign, I would like to thank you for the contributions your agency made to the safety of our Homecoming parade on Oct. 18.

As you may know, the parade in the past has included protests and other issues that made it less enjoyable for spectators and our campus community. We again had a demonstration during the parade this year; however, the parade proceeded successfully thanks in large part to preparations and readiness to maintain the safety of everyone involved. Your staff assisted in this effort, and we are grateful that you were willing to contribute resources to this community event.

Everyone who joined us this year from outside agencies demonstrated a commitment to safety. Your staff members who were with us represented your agency with integrity and the utmost professionalism.

We had many community members tell us that they had a great time during the parade. This is a wonderful community event that we intend to continue for many years to come, and we are grateful for your assistance in enhancing the campus experience for all of our visitors. If there is something we might be able to do to assist you in the future, please do not hesitate to reach out.

Sincerely,

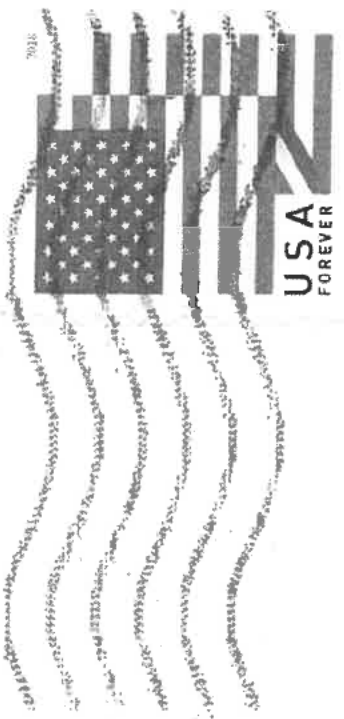


Craig A. Stone

Executive Director of Public Safety and Chief of Police
University of Illinois Police Department

CHAMPAIGN IL 618

20 FEB 2010 PM 4 L



Chief Bryant Seraphin
Urbana Police Department
400 S. Vine Street
Urbana, IL 61801

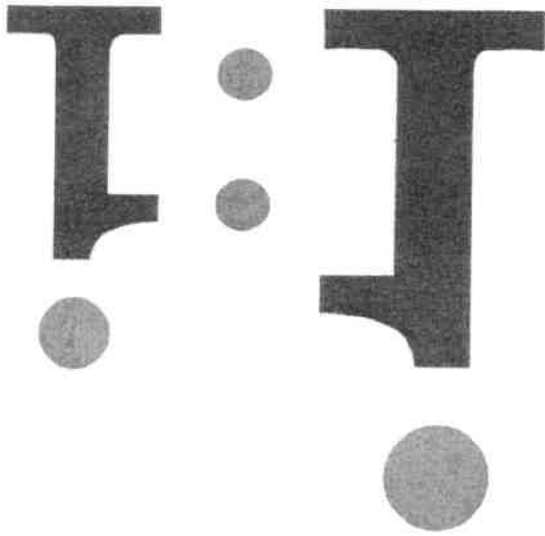
Hoker



101-333600

CHAMPAIGN-URBANA

ONE to ONE



Over 700 Champaign/Urbana public school students have One to One Mentors. According to a survey of students with mentors, having a mentor helped most students:

- Feel better about themselves
- Make better choices
- Feel better about coming to school
- Think about goals for the future

"Whenever you came I felt on top of the world because it gave me the sense that someone cared."

-High School student to his mentor

Make a Difference ... Be a Mentor

Dear Chief Seraphin,

2/19/19

I am writing to let you know that one of your employees, Cory Hoker completed One to One Mentor training at the end of January. He will be working with a young man at BT Washington elementary school.

Cory is to be commended for his commitment to mentoring and I thank you for supporting this decision.

Sincerely,
-James Smith- Community Outreach
Coordinator, Unit 4



Sylvia K. Morgan
Chief of Police

Urbana Police Department
400 South Vine Street
Urbana, IL 61801
(217) 384-2320
FAX (217) 384-2363

Sergeant James "Cory" Koker

On behalf of the Urbana Police Department, I am proud to present you with the Urbana Police Department Heroism Award.

On April 4, 2017, you were on routine patrol and got out at the Circle K store located at 2011 N. Lincoln. While you were in the store, someone yelled out that there was a fire. You observed flames near a gas pump in the parking lot and without hesitation, you retrieved a fire extinguisher from the business and told the employee to hit the emergency turn off switch. You ran towards the fire and emptied the fire extinguisher, but there were still flames. The employee retrieved another extinguisher for you and you continued to fight the fire with a second extinguisher. By the time the Urbana Fire Department arrived, you had completely extinguished the fire.

Although ultimately you learned that the fire was accidental and not intentional, we all know what could have happened had it not been for your quick actions. It is likely that a huge explosion would have resulted with multiple injuries and multiple deaths possible. You put your life on the line to fight the fire and protect multiple people from potential injury and/or death. You make me proud to stand beside you and call you a friend and a brother-in-blue. Thank you for the sacrifices you make each and every day on the job.

Your actions were truly remarkable and commendable. Please accept this Heroism Award as a gesture of our recognition of a job well done.



Koker

Cunningham Children's Home

1301 North Cunningham Ave. - Urbana, IL 61802

Tel: (217) 367-3728 - Fax: (217) 367-2896

www.cunninghamhome.org

September 26, 2017

Chief Sylvia Morgan
Urbana Police Department
400 S. Vine Street
Urbana, IL 61801

Greetings Chief Morgan,

On behalf of Cunningham Children's Home, I want to acknowledge and thank you for the overall collaborative work your officers and leaders from the Urbana Police provides to our staff and clients/students. In particular, we appreciate the recent work by Officers C. Koker and M. Loschen. One of our night supervisors commented, "They are extremely helpful, when we have to involve them and they never come with a negative attitude, towards CCH (even if they have been called out to help multiple times). They really take the time to talk with our kids, so they can help them make a good choice and avoid doing any physical interventions. I'm very thankful for all their support and time that they put into making sure our kids and staff are safe."

The Urbana Police Department staff and our Cunningham staff have worked together for many years to serve our clients/student and keep the community safe. Marlin Livingston and I look forward to meeting with you sometime.

Sincere thanks,


Patricia Ege, LCSW
Vice President of Program Services

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN



February 9, 2015

Dear Sgt. Cory Koker,

THANK YOU so much for taking time out of your busy schedule to serve on our police-community relationship panel for the Policing in a Multiracial Society Project. We value your perspective and we believe that your observations, experiences, and recommendations were helpful in providing the recruits with important insights about issues related to the topic. You provided concrete ideas about what may undermine police-community relations and what specific strategies can be implemented to promote positive police-community relations.

Thank you again!

Sincerely,

Sundiata Cha-Jua, PhD
Helen A. Neville, PhD
Michael Schlosser, PhD
Maria Valgoi, M.A.

Cc: Chief Pat Connolly
Cc: Mayor Laurel Prussing



Patrick J. Connolly
Chief of Police

Urbana Police Department
400 South Vine Street
Urbana, IL 61801
(217) 384-2320
FAX (217) 384-2363

March 6, 2014

Sergeant Cory Koker
400 S. Vine Street
Urbana, IL 61801

Dear Cory,

It is my privilege and truly a distinct honor to present you with the Urbana Police Department Lifesaving Award. Your swift and decisive actions were instrumental in the successful resuscitation of a member of our community, and you should be very proud of your actions.

On August 24, 2013, you were participating in a law enforcement detail at the Urbana Sweet Corn Festival. As the event was almost completed, a man approached and informed you that he believed a woman was in need of medical attention. He shared his concerns and felt the woman might be suffering from a heart attack. This woman was [REDACTED]. When you arrived she said that she was feeling faint like she was going to pass out. While you all were waiting for medical to arrive, [REDACTED] head slumped forward and her body seemed to relax. You and Officer Willfong tried to stimulate her by calling her name and patting the back of her hand. Unfortunately, those actions did not appear to work and she was now unresponsive. You and Sergeant Willfong pulled her from the ledge and laid her on the ground. After assessing her medical state by listening and looking at her chest movements and noting that she was now completely unresponsive, you began administering chest compressions. After several compressions, [REDACTED] suddenly inhaled deeply, opened her eyes and regained consciousness.

There is no doubt that had you not acted in the manner in which you did and been so decisive in those actions, [REDACTED] may have faced far more severe consequences. As an officer, you don't always get minutes to figure out how to deal with a situation. Sometimes you literally have to act in seconds. In this particular case, those quick actions were truly a matter between life and death.

Sergeant Koker, you displayed true heroism on that night, and our entire community is blessed to have an officer of your caliber serving on this department. You are certainly a hero in the eyes of [REDACTED] and I am proud to present you with this Lifesaving Award. I would expect you to wear the award proudly, you certainly deserve the recognition.

Sincerely,

[REDACTED]
Patrick J. Connolly
Chief of Police





Illinois Law Enforcement Training and Standards Board

Certificate



Awarded to

James C. Koker

In recognition of the successful completion of the requirements for

Lead Homicide Investigator

Certificate Number:

103103

Director,
Illinois Law Enforcement
Training and Standards Board

Chairman,
Illinois Law Enforcement
Training and Standards Board

11/26/2012

Issue Date

*Certificates are current for
4 years from issue date.*

Heldman, Cassandra

C. Koker

From: Connolly, Patrick
Sent: Wednesday, August 03, 2011 4:19 PM
To: Cobb, Anthony; Connolly, Patrick; Fitzgerald, Robert; Heldman, Cassandra; Seraphin, Bryant; Surles, Richard
Subject: FW: thank you

Bob,

Please put this in his log and Cory...Thanks so much for representing the department so professionally!!!

Pat

From: DeYoung, Lori [<mailto:Lori.Deyoung@va.gov>]
Sent: Wednesday, August 03, 2011 7:18 AM
To: Connolly, Patrick
Subject: thank you

Dear Pat,

I would like to extend my appreciation for the work conducted yesterday by your officer, Cory Koker. He is an incredibly effective and compassionate member of law enforcement. He managed this fragile Veteran with respect while simultaneously ensuring that cooperation with the medical/psychiatric evaluations were carried out. Officer Koker worked well with our VA police and provided an immense amount of support to this facility while we provided this Veteran with the assessment for care that he needed. All of us here at VAIHCS who had the opportunity to work alongside Officer Koker were impressed with his skills and with the efforts put forth by the Urbana Police Department to assist this Veteran in his receipt of medical treatment. Thank you again for all that you, your staff and the City of Urbana have done to ensure that care can be provided to a valuable member of our military.

Lori A. DeYoung, LCSW, PhD
Veterans Justice Outreach Coordinator
VA Illiana Healthcare System
1900 E. Main
Danville, IL 61832
217-554-5134
lori.deyoung@va.gov



City of
CHAMPAIGN

Police Department • 82 E. University Avenue • Champaign IL 61820 • (217) 403.7000 fax (217) 403-7022 • www.ci.champaign.il.us

May 12, 2011

Officer Corey Koker
Urbana Police Department
P.O. Box 219
Urbana, IL 61801

Dear Officer Koker:

As I arrived at the Market Place Mall on Sunday, May 1, the first thing I saw was a sea of police officers and emergency personnel. What I heard on my way to the Mall were officers from every agency communicating with each other in order to secure a very chaotic event. You made that security possible. Your efforts, skills and training brought back some sense of security to the Market Place Mall in a very short period of time. Without you, we could not have closed down, searched and secured those involved in this senseless act.

I want to personally thank you for your assistance to the Champaign Police Department and more importantly, to the citizens who were present at the Mall on that Sunday. All of us in law enforcement know that to do our jobs well, we have to work together. On May 1, 2011 we did and you helped to make that possible. Thank you for a job well done.

Sincerely,

R.T. Finney
Chief of Police
Champaign Police Department

cc: Chief Pat Connolly



Urbana Police Department

Michael F. Bily
Chief of Police

400 S. Vine
Urbana, Illinois 61801
217(384-2320)
FAX 217(384-2363)

February 20, 2008

Officer James Koker
Urbana Police Department
400 S. Vine St.
Urbana, IL 61801

Dear Officer Koker,

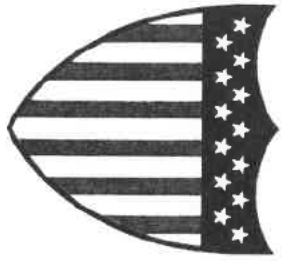
On behalf of the Urbana Police Department, I am proud to present you with the Department's Certificate of Merit.

On December 30, 2006, you responded to a residential burglary in which the suspects were fleeing in a car stolen from a previous burglary. You coordinated with other responding officers and arrested two individuals responsible for a rash of similar crimes within our community.

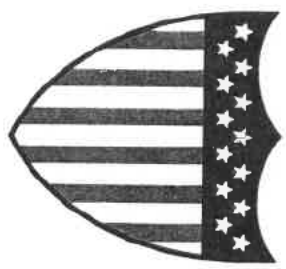
Your work in this case brought closure and justice to the many victims of these crimes. It is important to note this is not an isolated incident. This is just one example of the extraordinary service you provide as a Police Officer for this department. I want to personally thank you for your dedication and hard work. You are truly deserving of this recognition.

Sincerely,


Michael F. Bily
Chief of Police



CERTIFICATE OF MERIT



THIS CERTIFICATE IS HEREBY AWARDED TO

OFFICER JAMES KOKER

FOR OUTSTANDING ACHIEVEMENT
IN SERVICE TO

THE URBANA POLICE

Presented this 20th day of February 2008

By the City of Urbana

Chief of Police Michael F. Billy





Urbana Police Department

Michael F. Bily
Chief of Police

400 S. Vine
Urbana, Illinois 61801
217(384-2320)
FAX 217(384-2363)

February 20, 2008

Officer Cory Koker
Urbana Police Department
400 S. Vine St.
Urbana, IL 61801

Dear Officer Koker,

On behalf of the Urbana Police Department, I am proud to present you with the Department's Certificate of Merit. Your dedication and commitment as a mentor in our community is invaluable.

Mentoring is a structured and trusting relationship that brings young people together with caring individuals who offer guidance, support and encouragement aimed at developing the competence and character of the mentee.

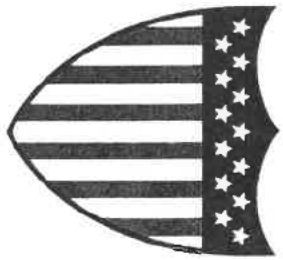
All young people have the potential to succeed in life and to contribute to society. However, not all children get the support they need to thrive. You have been the caring adult presence offering support, advice, friendship, reinforcement and constructive examples for 2 years.

By using your influence as a role model, you have brought new hope to this young person's life. You are without a doubt an asset to this community, our children and this police department. I want to recognize and personally thank you for your efforts.

Sincerely,

A black rectangular redaction box covering the signature of Michael F. Bily.

Michael F. Bily
Chief of Police



CERTIFICATE OF MERIT



THIS CERTIFICATE IS HEREBY AWARDED TO

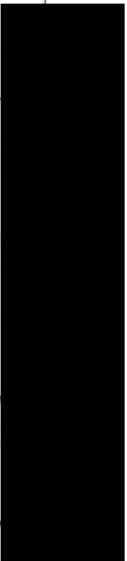
OFFICER JAMES KOKER

FOR OUTSTANDING ACHIEVEMENT
IN SERVICE TO

THE URBANA POLICE

Presented this 20th day of February 2008

*By the City of Urbana
Chief of Police Michael F. Bisy*



CHIEF OF POLICE
URBANA, IL. 61801
APRIL 20, 2007

DEAR SIR;

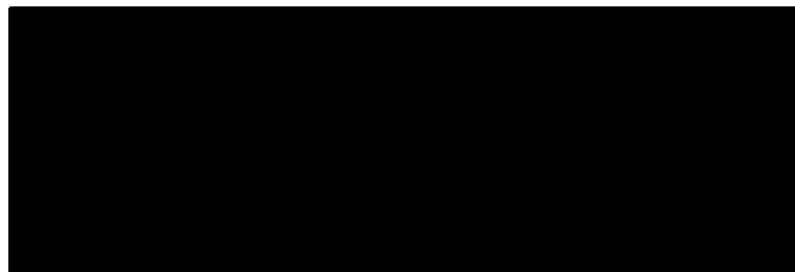
THE PURPOSE OF THIS LETTER IS TO EXPRESS MY
APPRECIATION OF THE MANNER IN WHICH ONE OF YOUR
OFFICERS CONDUCTED AN INVESTIGATION OF AN INCIDENT
THAT I WAS INVOLVED IN AT THE CORNER OF LINCOLN
AVENUE AND NEVADA STREET ABOUT 02:30 PM ON APRIL
SIXTH

NAMELY A YOUNG LADY WALKED INTO THE SIDE OF MY
MOVING VEHICLE.

OFFICER CORY KOCKER ARRIVED ON THE SCENE SOON AND
IMMEDIATELY IN A VERY BUSINESS LIKE AND YET FRIENDLY
MANNER TOOK CHARGE OF THE SCENE. HE MADE ALL
INVOLVED TO FEEL LIKE HE WAS A FRIEND BUT THAT HE
INTENDED TO FIND OUT WHAT HAPPENED.

I FEEL THAT ALL WHO LIVE IN THIS VICINTY CAN FEEL SAFER
IF ALL OF YOUR OFFICERS ARE OF THIS CALIBER PEOPLE.
THANK YOU AND YOUR FORCE FOR YOUR DAILY WORK.

SINCERELY



MFB
4/20/07



Samuel P. Banks, President/CEO

1301 North Cunningham Avenue • Urbana, Illinois 61802
Mailing Address: P.O. Box 878 • Urbana, Illinois 61803-0878
(217) 367-3728 • Fax: (217) 367-2896
www.cunninghamhome.org

February 9, 2006

Acting Chief Michael Bily
Urbana Police Department
400 S. Vine Street
Urbana, IL 61801

Dear Acting Chief Bily:

On behalf of Cunningham Children's Home, I submit this letter of commendation regarding Juvenile Investigator Corey Coker who has gone above and beyond his call of duty in working with our youth at Cunningham.

As you may know, our Community Boys Group Home is located on Washington Street in Urbana. Recently Investigator Coker worked diligently with our staff to assist with a particular young man in a time of crisis. Our youth have special needs and can get into difficult circumstances quickly. Our staff felt as though "Investigator Coker was 'a member of the team' working closely with us to keep the youth safe."

In general, we appreciate Investigator Coker in his incredible dedication and professional approach in working with us.

We request that you consider placing this letter in Investigator Coker's personnel file as recognition for his exceptional work in the community.

Sincerely,



Samuel P. Banks
President/CEO

cc: Corey Coker

BDS
475



A recognition program of the United Methodist Association of Health and Welfare Ministries

A mission and ministry of the United Methodist Women of the Illinois Great Rivers Conference in partnership with the General Board of Global Ministries of The United Methodist Church.



Council on Accreditation of Services for Families and Children, Inc.

Handwritten initials and date: MFB 403



State of Illinois

CERTIFICATE

Awarded to J. Cory Koker

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 40 hours course in

Crisis Intervention Team (CIT) Officer Certification

at Champaign, Illinois from May 3 to May 7, 2004

Schedl Director [Redacted] Chairman of Board [Redacted] Executive Director [Redacted]



**State of Illinois
Department of State Police**



LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.
Issued under the authority of The State of Illinois Department of State Police

I.D. NUMBER	CATEGORY	ISSUED	EXPIRES
	BAO PBT-E	01/28/2004	01/28/2007

JAMES C KOKER

URBANA POLICE DEPT	522
308 SOUTH VINE ST	
URBANA IL	61801-

Printed by the Authority of the State of Illinois • ISP 8-39 (11/00)



**State of Illinois
Department of State Police**



LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of The State of Illinois Department of State Police

I.D. NUMBER	CATEGORY	ISSUED	EXPIRES
0	BAO PBT-E	01/28/2004	01/28/2007

JAMES C KOKER

URBANA POLICE DEPT	522
308 SOUTH VINE ST	
URBANA IL	61801-

Printed by the Authority of the State of Illinois • ISP 8-39 (11/00)

**State of Illinois
Department of State Police**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

I.D. NUMBER	CATEGORY	ISSUED	EXPIRES
0	BAO PBT-E	01/28/2004	01/28/2007

JAMES C KOKER

URBANA POLICE DEPT	522
---------------------------	------------



REMOVE THIS CARD TO CARRY
AS AN IDENTIFICATION

⇨ DISPLAY THIS PART IN A CONSPICUOUS PLACE

URBANA POLICE DEPT	522
308 SOUTH VINE ST	
URBANA IL	61801-

ISP 8-39 (11/00)



Urbana Police Department

Eddie B. Adair
Chief of Police

400 S. Vine
Urbana, Illinois 61801
217(384-2320)
FAX 217(384-2363)

March 19, 2002

Chief Eddie Adair
400 S. Vine
Urbana, Il. 61801

Handwritten signature and date: 3-25-02

Dear Chief Adair,

I would like to take a moment to acknowledge Officer Koker for excellent police work. On March 14, 2002, Officer Koker took the initiative and conducted a traffic stop on a vehicle that he felt was trying to avoid him. The vehicle tried to loose Officer Koker by making several turns and then pulling into an apartment complex parking lot. Officer Koker was able to locate the vehicle and the driver immediately got out of the vehicle complaining about having to go back to prison. Officer Koker was able to keep his wits about him as this subject approached him rather hastily. Officer Koker ultimately learned that the driver had a revoked drivers license and was fearful of being sent to prison because of his repeated violations.

Officer Koker subsequently arrested the driver and located over two ounces of cannabis packaged in 25 individual bags. He seized the driver's vehicle as well as \$104.00 U. S. Currency. Officer Koker conducted a detailed interview with the driver in order to get his statements about his actions. Overall, Officer Koker should be acknowledged for a job well done and for trusting his instincts; after all, any proactive police officer knows the importance of trusting his instincts.

Sincerely,

[Redacted signature]

Sylvia Griffet
Sergeant



Urbana Human Resources Office
400 South Vine Street
Urbana, IL 61802
(217) 384-2451
terent@urbanaininois.us

**PRODUCTIVE WORK ENVIRONMENT POLICY
ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING**

It is the policy of the City of Urbana that all employees receive a copy of the Productive Work Environment Policy and sign a form acknowledging receipt and understanding of the policy.

By signing this form, I acknowledge that I have attended a presentation on the City of Urbana's Revised Productive Work Environment Policy. I further acknowledge that I have received, reviewed and understand my copy of the Productive Work Environment Policy. I have had an opportunity to ask any questions about the meaning and enforcement of the policy. I will contact my supervisor, my department head, the Human Relations Office or the Human Resources Office if I have any additional questions about this policy. A copy of this Acknowledgement of Receipt and Understanding will be placed in my personnel file.

NAME (Print Clearly):

Cory Koker

TODAY'S DATE:

5/10/18

DEPARTMENT/DIVISION:

Urbana P.D.

EMPLOYEE SIGNATURE:


[Redacted Signature]



City of Urbana Personnel Action Request Form

HR will complete items marked with an asterisk. Digital signatures will automatically generate a date.

Action Type Change	Employee #	Employee Last Name Koker	Employee First Name J Cory	MI
Dept. 20-Police	Division Patrol	Group B/U 6000-FOP	Wage Rate	Step
Current Title Sergeant	Pos. Control #*	Job Class*	Current Status Active	
AS/400 Title Code*	AS400/Pay Group 5 - FOP	AS400/Pay Grade*	EEO*	--

ACTION (select all that apply)

New Job/ Job Change Appoint/Elect.	Pay Change Salary Change	Leave	Other Job Title
Separation --	Last Day Worked	Pay Through	Eff. Date 3/8/2021
End Date	Dept. 20-Police	Division Patrol	Group B/U 3000-NBU/Exempt
Wage Rate 47.2965	Step	Proposed Title Lieutenant	Position Control #*
Job Class*	Proposed Status Active	AS/400 Title Code*	AS400/Pay Group 7 - Elect/Appt.
AS400/Pay Grade*	EEO*	--	

FUNDING

ORG	OBJ --	%	Activity All Salary and Benefits
ORG	OBJ --	%	Activity --
ORG	OBJ --	%	Activity --

Comments
Longevity = 13%


Prepared by: [Redacted] Date: 3-8-21

ROUTING / APPROVALS

1.Div. Head: Signature: [Redacted] Date: [Redacted]	2.Dept. Head: Signature: [Redacted] Date: 03/08/21
3.HR Mgr./Dir: Signature: [Redacted] Date: 3/11/21	4.City Administrator: Signature: [Redacted] Date: 3.11.21

HUMAN RESOURCES/FINANCE USE ONLY

[Redacted]	Date 3/11/21	Verified by	Date
------------	-----------------	-------------	------

 CITY OF URBANA PERSONNEL ACTION FORM				Submitted By C Heldman		Today's Date 11/14/2016	
Action Type <input type="checkbox"/> New <input checked="" type="checkbox"/> Change		Employee Last Name Koker		Employee First Name James "Cory"		MI MI	
Employee # [REDACTED]	Current Title Sergeant		Pay Group 5-FOP	Pay Grade	Step		
Department 45-Police		Current Appt. Type --	Current Job Type (FTE) <input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular P-T(50%) <input type="checkbox"/> Seas./Temp <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> New Emp.				
Division Operations							
Current Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated							Wage Rate:\$ _____

ACTION (select all that apply)


Employment: <input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Appointed/Elected <input type="checkbox"/> End Probation <input type="checkbox"/> Reassign <input type="checkbox"/> Transfer <input type="checkbox"/> Promote							
Pay Change: <input type="checkbox"/> Move to Norm <input type="checkbox"/> Reclassify <input type="checkbox"/> Retroactive Pay <input type="checkbox"/> Salary Change <input type="checkbox"/> Training Pay							
Other Change: <input type="checkbox"/> Job Title <input type="checkbox"/> Light Duty <input type="checkbox"/> Line Item <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Schedule <input type="checkbox"/> Status (FTE) <input type="checkbox"/> Benefits change							
Leave: <input type="checkbox"/> Admin. <input type="checkbox"/> Duty Injury <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Unpaid FMLA <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Return to Duty							
Separation: <input type="checkbox"/> End of Season <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination						Last Day Worked:	Pay Through:
Other: _____				Eff. Date: _____		End Date: _____	Union? --
Proposed Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated							Wage Rate:\$ _____
Proposed Title		Job Type (FTE) <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Seas./Temp. <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular PT (50%)				Department --	
Pay Group --	Pay Grade	Step	Appt. Type <input type="checkbox"/> Civil Service <input type="checkbox"/> Appointed <input type="checkbox"/> Temp./P-T			Division	
Funding:							
Budget #		%	Activity: All Salary and Benefits				
Budget #		%	Activity: --				
Budget #		%	Activity: --				
Budget #		%	Activity: --				
Budget #		%	Activity: --				
Comments Effective 11/11/2016							

APPROVALS

Div. Head: _____	Dept. Head: _____
HR Mgr.: _____ 11-18-16	Mayor: _____ 11/18/16

HUMAN RESOURCES/FINANCE USE ONLY

Title Code	Pay Code	Benefits Category	FLSA	WC	EEO Code	Entered by 11/28/16 tkw	Date	Verified	Date
Comments									

 CITY OF URBANA PERSONNEL ACTION FORM				Submitted By C Heldman		Today's Date 11/22/2016	
Action Type <input type="checkbox"/> New <input checked="" type="checkbox"/> Change		Employee Last Name Koker		Employee First Name James "Cory"		MI	
Employee # [REDACTED]	Current Title Sergeant		Pay Group 5-FOP	Pay Grade	Step		
Department 45-Police		Current Appt. Type --	Current Job Type (FTE) <input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular P-T(50%) <input type="checkbox"/> Seas./Temp <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> New Emp.				
Division Operations							
Current Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated							Wage Rate:\$ _____

ACTION (select all that apply)


Employment: <input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Appointed/Elected <input type="checkbox"/> End Probation <input type="checkbox"/> Reassign <input type="checkbox"/> Transfer <input type="checkbox"/> Promote		
Pay Change: <input type="checkbox"/> Move to Norm <input type="checkbox"/> Reclassify <input type="checkbox"/> Retroactive Pay <input type="checkbox"/> Salary Change <input type="checkbox"/> Training Pay		
Other Change: <input type="checkbox"/> Job Title <input checked="" type="checkbox"/> Light Duty <input type="checkbox"/> Line Item <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Schedule <input type="checkbox"/> Status (FTE) <input type="checkbox"/> Benefits change		
Leave: <input type="checkbox"/> Admin. <input type="checkbox"/> Duty Injury <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Unpaid FMLA <input type="checkbox"/> Suspension <input type="checkbox"/> Return to Duty		
Separation: <input type="checkbox"/> End of Season <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination		Last Day Worked: _____
Pay Through: _____		
Other: _____		Eff. Date: _____ End Date: _____ Union? --
Proposed Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated Wage Rate:\$ _____		
Proposed Title	Job Type (FTE) <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Seas./Temp. <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular PT (50%)	Department --
Pay Group --	Pay Grade	Step
Appt. Type <input type="checkbox"/> Civil Service <input type="checkbox"/> Appointed <input type="checkbox"/> Temp./P-T	Division	
Funding:		
Budget #	%	Activity: All Salary and Benefits
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --
Comments Effective 11/23/2016		

APPROVALS

Div. Head: _____	Dept. Head: _____
HR Mgr.: _____ <i>11-28-16</i>	Mayor: _____ <i>11/29/16</i>

HUMAN RESOURCES/FINANCE USE ONLY

Title Code	Pay Code	Benefits Category	FLSA	WC	EEO Code	Entered by	Date	Verified	Date
Comments									

 CITY OF URBANA PERSONNEL ACTION FORM				Submitted By C Heldman		Today's Date 11/4/2016	
Action Type <input type="checkbox"/> New <input checked="" type="checkbox"/> Change		Employee Last Name Koker		Employee First Name James "Cory"		MI	
Employee # [REDACTED]	Current Title Sergeant		Pay Group 5-FOP	Pay Grade	Step		
Department 45-Police		Current Appt. Type --	Current Job Type (FTE) <input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular P-T(50%) <input type="checkbox"/> Seas./Temp <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> New Emp.				
Division Operations							
Current Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated Wage Rate:\$ _____							

ACTION (select all that apply)

Employment: <input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Appointed/Elected <input type="checkbox"/> End Probation <input type="checkbox"/> Reassign <input type="checkbox"/> Transfer <input type="checkbox"/> Promote		
Pay Change: <input type="checkbox"/> Move to Norm <input type="checkbox"/> Reclassify <input type="checkbox"/> Retroactive Pay <input type="checkbox"/> Salary Change <input type="checkbox"/> Training Pay		
Other Change: <input type="checkbox"/> Job Title <input checked="" type="checkbox"/> Light Duty <input type="checkbox"/> Line Item <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Schedule <input type="checkbox"/> Status (FTE) <input type="checkbox"/> Benefits change		
Leave: <input type="checkbox"/> Admin. <input type="checkbox"/> Duty Injury <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Unpaid FMLA <input type="checkbox"/> Suspension <input type="checkbox"/> Return to Duty		
Separation: <input type="checkbox"/> End of Season <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination		Last Day Worked: _____
Pay Through: _____		
Other: _____		Eff. Date: _____ End Date: _____ Union? --
Proposed Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated Wage Rate:\$ _____		
Proposed Title	Job Type (FTE) <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Seas./Temp. <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular PT (50%)	
Department	--	
Pay Group	Pay Grade	Step
--		
Appt. Type	Division	
<input type="checkbox"/> Civil Service <input type="checkbox"/> Appointed <input type="checkbox"/> Temp./P-T		
Funding:		
Budget #	%	Activity: All Salary and Benefits
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --
Comments		
Effective 11/4/2016		

APPROVALS

Div. Head: _____	Acting Dept. Head: _____
HR Mgr.: _____	Mayor: _____

HUMAN RESOURCES/FINANCE USE ONLY

Title Code	Pay Code	Benefits Category	FLSA	WC	EEO Code	Entered by	Date	Verified	Date
						11/4/16	HW	FB	
Comments									

CITY OF URBANA PERSONNEL ACTION FORM				Submitted By C Heldman		Today's Date 9/4/2014	
Action Type <input type="checkbox"/> New <input checked="" type="checkbox"/> Change		Employee Last Name Koker		Employee First Name James		MI C	
Employee # [REDACTED]	Current Title Sergeant			Pay Group 5-FOP	Pay Grade	Step	
Department 45-Police		Current Appt. Type --	Current Job Type (FTE) <input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular P-T(50%) <input type="checkbox"/> Seas./Temp <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> New Emp.				
Division Operations		Current Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated Wage Rate:\$ _____					

ACTION (select all that apply)

Employment: <input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Appointed/Elected <input type="checkbox"/> End Probation <input type="checkbox"/> Reassign <input type="checkbox"/> Transfer <input type="checkbox"/> Promote							
Pay Change: <input type="checkbox"/> Move to Norm <input type="checkbox"/> Reclassify <input type="checkbox"/> Retroactive Pay <input type="checkbox"/> Salary Change <input type="checkbox"/> Training Pay							
Other Change: <input type="checkbox"/> Job Title <input type="checkbox"/> Light Duty <input type="checkbox"/> Line Item <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Schedule <input type="checkbox"/> Status (FTE) <input type="checkbox"/> Benefits change							
Leave: <input type="checkbox"/> Admin. <input type="checkbox"/> Duty Injury <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Unpaid FMLA <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Return to Duty							
Separation: <input type="checkbox"/> End of Season <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination						Last Day Worked:	Pay Through:
Other: _____				Eff. Date: _____	End Date: _____	Union? --	

Proposed Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> LOA-Paid <input type="checkbox"/> LOA-Unpaid <input type="checkbox"/> Separated Wage Rate:\$ _____							
Proposed Title		Job Type (FTE) <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temp. Upgrade <input type="checkbox"/> Seas./Temp. <input type="checkbox"/> Regular P-T (75%) <input type="checkbox"/> Regular PT (50%)				Department --	
Pay Group --	Pay Grade	Step	Appt. Type <input type="checkbox"/> Civil Service <input type="checkbox"/> Appointed <input type="checkbox"/> Temp./P-T			Division	

Funding:		
Budget #	%	Activity: All Salary and Benefits
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --
Budget #	%	Activity: --

Comments
Effective ~~9/2/2014~~ 9-5-14

APPROVALS

Div. Head: [REDACTED]		Dept. Head: [REDACTED]	
HR Mgr.: [REDACTED] 9-5-14		Mayor: _____	

HUMAN RESOURCES/FINANCE USE ONLY

Title Code	Pay Code	Benefits Category	FLSA	WC	EEO Code	Entered by HW	Date 9/11	Verified MD	Date 9/10
Comments									

AC 9-5-14

Employee #: [REDACTED]

Personnel Division- City of Urbana
Personnel Action Request Form

P.W. Exec. C.D. Finance Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Light Duty - On Duty Injury Proposed Effec. Date: 3-17-14

First Name: James "Cory" M.I. _____ Last Name: Koker

Address: _____ Home Phone: _____

Division Assigned: Patrol Classified Title: Sergeant

Employment Status: Reg. F-T Reg. P-T _____ Seasonal _____ Temporary _____
Average # of hours per week: 40 Duration of Employment: _____

WAGE RATE: \$ _____ /hour
Other: _____
% Budget Line # _____
% Budget Line # _____
% Budget Line # _____
% Budget Line # _____
% Budget Line # _____

Comments: profiled ✓

Div. Mgr. _____ Date _____ Dept. Dir. [REDACTED] Date 3/20/14

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____ Sex: _____ Marital Status: _____ Dependents: _____ Race: _____

DOH: _____ Accrual Date: _____ DOB: _____

Dept.#: _____ EEO: _____ Pay: _____ Title: _____ Status: _____ Union: _____

D.L.#: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
FICA: _____ Medicare _____
Deferred Comp.: _____ \$ _____ or _____ %
Retirement: IMRF _____ Police _____ Fire _____
Health Ins.: _____ F/S _____ Dental: _____ F/S _____
Life Ins.: _____ Dependent _____ Supp. _____
Accrual Type: _____ Other Deductions: Credit Union _____
Comments: _____

APPROVALS

Personnel Mgr. [REDACTED] Date 3-20-14
Mayor _____ Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AC
Date: 3-20-14
Keypunched By: HW
Verified By: _____

MD
3/24/14

White & Yellow copies to Personnel, Pink copy retained by Department.

Employee #: [REDACTED]

Personnel Division- City of Urbana
Personnel Action Request Form

P.W. Exec. C.D. Finance Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Released from Probation Proposed Effic. Date: 9-10-12

First Name: James M.I. C Last Name: Koker

Address: _____ Home Phone: _____

Division Assigned: Patrol Classified Title: Sergeant

Employment Status: Reg. F-T Reg. P-T _____ Seasonal _____ Temporary _____
Average # of hours per week: 40 Duration of Employment: _____

WAGE RATE: \$ _____ /hour _____ % Budget Line # _____
Other: _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

Comments: End of 6 month probation as sergeant

Div. Mgr. _____ Date _____ Dept. Dir. [REDACTED] Date 9/14/12

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____ Sex: _____ Marital Status: _____ Dependents: _____ Race: _____

DOH: _____ Accrual Date: _____ DOB: _____

Dept.#: _____ EEO: _____ Pay: _____ Title: _____ Status: _____ Union: _____

D.L.#: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

FICA: _____ Medicare _____

Deferred Comp.: _____ \$ _____ or _____ %

Retirement: IMRF _____ Police _____ Fire _____

Health Ins.: _____ F/S _____ Dental: _____ F/S _____

Life Ins.: _____ Dependent _____ Supp. _____

Accrual Type: _____ Other Deductions: Credit Union _____

Comments: _____

APPROVALS

Personnel Mgr. [REDACTED] Date 9-20-12
Mayor _____ Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AC
Date: 9-20-12
Keypunched By: _____
Verified By: LW

Employee #: [REDACTED]

Personnel Division- City of Urbana
Personnel Action Request Form

P.W. Exec. C.D. Finance Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Promoted to Sergeant Proposed Effic. Date: 3-10-12

First Name: James M.I. C Last Name: Koker

Address: _____ Home Phone: _____

Division Assigned: Patrol Classified Title: Sergeant

Employment Status: Reg. F-T Reg. P-T _____ Seasonal _____ Temporary _____
Average # of hours per week: 40 Duration of Employment: _____

WAGE RATE: \$ 31.42 /hour 100 % Budget Line # 045-2-1100-1103
Other: + 10% Longevity _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

Comments: _____

Div. Mgr. _____ Date _____ Dept. Dir. [REDACTED] Date 3/8/12

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____ Sex: _____ Marital Status: _____ Dependents: _____ Race: _____

DOH: _____ Accrual Date: _____ DOB: _____

Dept.#: _____ EEO: _____ Pay: _____ Title: 42 Status: _____ Union: _____

D.L.#: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
FICA: _____ Medicare _____
Deferred Comp.: _____ \$ _____ or _____ %
Retirement: IMRF _____ Police _____ Fire _____
Health Ins.: _____ F/S _____ Dental: _____ F/S _____
Life Ins.: _____ Dependent _____ Supp. _____
Accrual Type: _____ Other Deductions: Credit Union _____
Comments: _____

APPROVALS
Personnel Mgr. [REDACTED] Date 3-13-12
Mayor _____ Date _____

FOR PAYROLL USE ONLY
Sent to Finance By: AC
Date: 3-22-12
Keypunched By: [Signature]
Verified By: [Signature]

Employee #: 

Personnel Division- City of Urbana
Personnel Action Request Form

P.W. Exec. C.D. Finance Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Return to Full Duty Proposed Effec. Date: 11-30-11

First Name: James M.I. C Last Name: Koker

Address: _____ Home Phone: _____

Division Assigned: Patrol Classified Title: officer

Employment Status: Reg. F-T Reg. P-T _____ Seasonal _____ Temporary _____
Average # of hours per week: 40 Duration of Employment: _____

WAGE RATE: \$ _____ /hour _____ % Budget Line # _____
Other: _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

Comments: _____

Div. Mgr. _____ Date _____ Dept. Dir.  Date _____

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____ Sex: _____ Marital Status: _____ Dependents: _____ Race: _____

DOH: _____ Accrual Date: _____ DOB: _____

Dept.#: _____ EEO: _____ Pay: _____ Title: _____ Status: _____ Union: _____

D.L.#: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

FICA: _____ Medicare _____

Deferred Comp.: _____ \$ _____ or _____ %

Retirement: IMRF _____ Police _____ Fire _____

Health Ins.: _____ F/S _____ Dental: _____ F/S _____

Life Ins.: _____ Dependent _____ Supp. _____

Accrual Type: _____ Other Deductions: Credit Union _____

Comments: _____

APPROVALS

Personnel Mgr.  Date 11-30-11
Mayor _____ Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AC
Date: 12-1-11
Keypunched By: [Signature]
Verified By: [Signature]

Employee #: [REDACTED]

Personnel Division- City of Urbana
Personnel Action Request Form

P.W. Exec. C.D. Finance Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Light Duty - Duty Related Proposed Effec. Date: 8-15-11

First Name: James M.I. C Last Name: Koker

Address: _____ Home Phone: _____

Division Assigned: Patrol Classified Title: Officer

Employment Status: Reg. F-T Reg. P-T _____ Seasonal _____ Temporary _____
Average # of hours per week: 40 Duration of Employment: _____

WAGE RATE: \$ _____/hour _____ % Budget Line # _____
Other: _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

Comments: _____

Div. Mgr. _____ Date _____ Dept. Dir. [REDACTED] Date 8/15/11

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____ Sex: _____ Marital Status: _____ Dependents: _____ Race: _____

DOH: _____ Accrual Date: _____ DOB: _____

Dept.#: _____ EEO: _____ Pay: _____ Title: _____ Status: _____ Union: _____

D.L.#: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____

FICA: _____ Medicare _____

Deferred Comp.: _____ \$ _____ or _____ %

Retirement: IMRF _____ Police _____ Fire _____

Health Ins.: _____ F/S _____ Dental: _____ F/S _____

Life Ins.: _____ Dependent _____ Supp. _____

Accrual Type: _____ Other Deductions: Credit Union _____

Comments: _____

APPROVALS

Personnel Mgr. [REDACTED] Date 8-15-11
Mayor _____ Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AG
Date: 8-25-11
Keypunched By: _____
Verified By: _____

Employee #: [REDACTED]

PERSONNEL DIVISION - CITY OF URLANA
PERSONNEL ACTION REQUEST FORM

P.W. Exec. C.D. Fin. Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Return to active duty Proposed Effec. Date: 12-01-04

First Name: James M.I.: C Last Name: Hoker

Address: _____ Home Phone #: _____

Division Assigned: CID Classified Title: SRO

Employment Status: Reg. F-T Reg. P-T _____ Avg. hrs. per week _____
Seasonal _____ Temporary _____ Duration of employment _____

WAGE RATE: \$ _____/hour	_____ %	Budget Line # _____
Other: _____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____

Comments:

Div. Mgr. [REDACTED] Date 12-14-04 Dept. Dir. [REDACTED] Date 12-14-04

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____
 Sex: _____ Marital Status: _____ Dependents: _____ Race: _____
 D.O.H.: _____ D.O.B.: _____
 Dept.: _____ EEO: _____ Pay: _____ Title: _____ Status: _____
 Union: _____ Accrual Date: _____
 Education Level: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
 SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
 FICA: _____ Medicare _____ W.Comp. _____ Med/W.Comp. _____
 Deferred Comp.: _____ \$ _____ or _____ %
 Workers Comp. Status: _____ Date of Injury: _____
 Retirement: IMRF _____ Police _____ Fire _____
 Health Ins.: _____ F/S _____ Dental: _____ F/S _____
 Life Ins.: _____ Dependent _____ Supp. _____
 Flexible Benefit Plan (prepaid insurance): yes _____ no _____
 Accrual Type: _____ Vac. Rate: _____ Sick Rate: _____
 Other Deductions: credit union \$ _____
 Other Deductions: _____ \$ _____

Comments:

APPROVALS

Personnel Mgr. [REDACTED] Date 12-15-04
C.A.O. [REDACTED] Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AC
Date: 12-23-04
Keypunched By: [Signature]
Verified By: LW 12/25
Returned to
Personnel: _____

*White & Yellow copies to Personnel,
Pink Copy retained by Department

Employee #: [Redacted]

PERSONNEL DIVISION - CITY OF URBANA
PERSONNEL ACTION REQUEST FORM

P.W. Exec. C.D. Fin. Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Lt Duty - On-duty injury Proposed Effec. Date: 7-28-04

First Name: James M.I.: C Last Name: Kokee

Address: _____ Home Phone #: _____

Division Assigned: Ops Classified Title: PO

Employment Status: Reg. F-T _____ Reg. P-T _____ Avg. hrs. per week _____
Seasonal _____ Temporary _____ Duration of employment _____

WAGE RATE: \$ _____/hour	_____ %	Budget Line # _____
Other: _____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____
_____	_____ %	Budget Line # _____

Comments: _____

Div. Mgr. [Redacted] Date 8/10/04 Dept. Dir. [Redacted] Date 8-11-04

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____
 Sex: _____ Marital Status: _____ Dependents: _____ Race: _____
 D.O.H.: _____ D.O.B.: _____
 Dept.: _____ EEO: _____ Pay: _____ Title: _____ Status: _____
 Union: _____ Accrual Date: _____
 Education Level: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
 SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
 FICA: _____ Medicare _____ W.Comp. _____ Med/W.Comp. _____
 Deferred Comp.: _____ \$ _____ or _____ %
 Workers Comp. Status: _____ Date of Injury: _____
 Retirement: IMRF _____ Police _____ Fire _____
 Health Ins.: _____ F/S _____ Dental: _____ F/S _____
 Life Ins.: _____ Dependent _____ Supp. _____
 Flexible Benefit Plan (prepaid insurance): yes _____ no _____
 Accrual Type: _____ Vac. Rate: _____ Sick Rate: _____
 Other Deductions: credit union \$ _____
 Other Deductions: _____ \$ _____

Comments: _____

APPROVALS

Personnel Mgr. [Redacted] Date 8-11-04
C.A.O. [Redacted] Date _____

FOR PAYROLL USE ONLY

Sent to Finance By: AC
Date: 8-19-04
Keypunched By: LW 8/23
Verified By: _____
Returned to _____
Personnel: _____

*White & Yellow copies to Personnel,
Pink Copy retained by Department



City of Urbana
400 South Vine Street
Urbana, IL 61801
(217) 384-2362
FAX (217) 384-2301

January 24, 2002

Dear JAMES C KOKER,

P

The following summary is provided as a report of your total compensation and benefits for calendar year 2001. Should you have any questions regarding this report, please don't hesitate to call the Personnel Office at (217) 384-2458.

Sincerely,

Ronald R. Gremore
Personnel Manager

Summary of Benefits Provided By The City of Urbana
For Calendar Year 2001

Benefit	City Cost	Employee Cost
Health Alliance	2,540.00	
Life/AD&D Insurance	45.60	
Medicare	677.02	677.02
Police Pension	19,649.98	4,132.93
Workers Compensation *	2,899.84	
Safety Bonus Gift Certificates	62.07	
Total Benefits Cost	<u>25,874.51</u>	<u>4,809.95</u>
Salary Earned	<u>46,771.62</u>	
Total Salary and Benefits	72,646.13	

Your total benefits cost equals an additional 55.32% of your salary.

Health Insurance: Health care is provided through a choice of two HMOs (Health Alliance and PersonalCare) or a Preferred Provider Option plan through PersonalCare. Your choice is noted above.

Life Insurance: Urbana currently offers term life insurance to full-time employees through Standard Insurance Company. The standard coverage is \$20,000 for regular life and an additional \$20,000 for accidental death. Employees also have the option of purchasing coverage for their dependents, and additional coverage for themselves.

* Workers Compensation: This amount represents the standard rate that Urbana would pay for your job class if not self-insured. Actual contributions under self-insurance may be more or less depending on claim experience.



Employee #: [REDACTED]

PERSONNEL DIVISION - CITY OF URBANA
PERSONNEL ACTION REQUEST FORM

P.W. Exec. C.D. Fin. Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: Probation Completed Proposed Effic. Date: 06-22-01

First Name: JAMES M.I.: C. Last Name: Koker

Address: [REDACTED] Home Phone #: [REDACTED]

Division Assigned: Patrol Classified Title: Police Officer

Employment Status: Reg. F-T Reg. P-T _____ Avg. hrs. per week 40
Seasonal _____ Temporary _____ Duration of employment _____

WAGE RATE: \$ 19.493 /hour 100 % Budget Line # 045-2-1100-1104
Other: _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

was 18.916

Comments: [REDACTED]

Div. Mgr. [REDACTED] Date 06/14/01 Dept. Dir. [REDACTED] Date 6-14-01

TO BE COMPLETE BY PERSONNEL (Tax, Pay and Benefit Codes):

SS#: _____
Sex: _____ Martial Status: _____ Dependents: _____ Race: _____
D.O.H.: _____ D.O.B.: _____
Dept.: _____ EEO: _____ Pay: _____ Title: _____ Status: _____
Union: _____ Accrual Date: _____
Education Level: _____ FLSA Status: Exempt _____ Non-Exempt _____

TAXES AND BENEFITS:

FIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
SIT: M/S _____ # Dep. _____ Exempt _____ Add \$ _____
FICA: _____ Medicare _____ W. Comp. _____ Med/W.Comp. _____
Deferred Comp.: _____ \$ _____ or _____ %
Workers Comp. Status: _____ Date of Injury: _____
Retirement: IMRF _____ Police _____ Fire _____
Health Ins.: _____ F/S _____ Dental: _____ F/S _____
Life Ins.: _____ Dependent _____ Supp. _____
Flexible Benefit Plan (Prepaid insurance): yes _____ no _____
Accrual Type: _____ Vac.Rate: _____ Sick Rate: _____
Other Deductions: credit union \$ _____
Other Deductions: _____ \$ _____

Comments: _____

APPROVALS

Personnel Mgr. [Signature] Date 06/28/01
C.A.O. [Signature] Date _____

FOR PAYROLL USE ONLY
Sent to Finance By: AC Date: 6-28-01
Keypunched By: [Signature]
Verified By: _____
Returned to
Personnel: _____

*White & Yellow copies to Personnel.
Pink Copy retained by Department



City of Urbana
400 South Vine Street
Urbana, IL 61801
(217)384-2362
FAX (217)384-2301

January 31, 2001

Dear JAMES C KOKER,

P

The following summary is provided as a report of your total compensation and benefits for calendar year 2000. Should you have any questions regarding this report, please don't hesitate to call the Personnel Office at (217) 384-2458.

Sincerely,

[REDACTED]
Ronald R. Gremore
Personnel Manager

Summary of Benefits Provided By The City of Urbana
For Calendar Year 2000

Benefit	City Cost	Employee Cost
Health Alliance	1,365.00	
Life/AD&D Insurance	26.60	
Medicare	304.74	304.74
Police Pension	8,407.77	1,634.39
Workers Compensation *	1,308.21	
Total Benefits Cost	11,412.32	1,939.13
Salary Earned	21,100.24	
Total Salary and Benefits	32,512.56	

Your total benefits cost equals an additional 54.09% of your salary.

Health Insurance: Health care is provided through a choice of two HMOs (Health Alliance and PersonalCare) or a Preferred Provider Option plan through PersonalCare. Your choice is noted above.

Life Insurance: Urbana currently offers term life insurance to full-time employees through Standard Insurance Company. The standard coverage is \$20,000 for regular life and an additional \$20,000 for accidental death. Employees also have the option of purchasing coverage for their dependents, and additional coverage for themselves.

* Workers Compensation: This amount represents the standard rate that Urbana would pay for your job class if not self-insured. Actual contributions under self-insurance may be more or less depending on claim experience.



Employee #: NEW [Redacted]

PERSONNEL DIVISION - CITY OF URBANA
PERSONNEL ACTION REQUEST FORM

P.W. Exec. C.D. Fin. Police Fire City Clerk

TO BE COMPLETED BY DEPARTMENT:

ACTION PROPOSED: New Hire Proposed Effec. Date: 06-22-00

First Name: James M.I.: C Last Name: Koker

Address: [Redacted] Home Phone #: [Redacted]

Division Assigned: Patrol Classified Title: Probationary Police Officer

Employment Status: Reg. F-T Reg. P-T Avg. hrs. per week 40
Seasonal Temporary Duration of employment _____

WAGE RATE: \$ 18.258 /hour 100 % Budget Line # 045-2-1100-1104 if
Other: _____ % Budget Line # _____
39175/200/2080 = 18.258 _____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____
_____ % Budget Line # _____

Comments: [Redacted]
Div. Mgr. [Redacted] Date 062100 Dept. Dir. [Redacted] Date 6-21-00

TO BE COMPLETED BY PERSONNEL (Tax, Pay and Benefit Codes):
[Redacted]

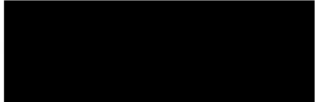
APPROVALS
Personnel Mgr. [Redacted] Date 6-21-00
C.A.O. _____ Date _____

FOR PAYROLL USE ONLY
Sent to Finance By: RC Date: 6-29-00
Keypunched By: [Signature]
Verified By: [Signature]
Returned to Personnel: _____

*White & Yellow copies to Personnel,
Pink Copy retained by Department



James Koker



RE: Police Officer Position

Dear Mr. Koker:

Please allow this letter to serve as a conditional offer of employment for the position of Police Officer with the City of Urbana.

Your appointment is subject to your successful completion of a medical, psychological, physical fitness/agility and background examination. Please keep the following appointment so that we may stay on schedule for your employment with the City of Urbana.

Medical Exam:
Carle Clinic, Urbana, IL.
10:00 a.m., Monday
June 05, 2000

Psychological Exam:
Dr. Campion or Associate
9:30 a.m., Tuesday
May 30, 2000 (Map Enclosed)

Physical Exam:
Carle Indus. Rehab.
726 Killarney, Urbana, IL.
To be scheduled (by appointment)

You are advised to fast for 14 hours prior to your 10:00 a.m. 06/05/00 medical exam. Please call if there is some medical or health reason why you should not fast as instructed. You should report to the Office of Occupational Medicine to begin your medical exam. This office is located on the first floor of Carle Hospital.

Congratulations on your success to date and best wishes with your exams.
Sincerely,


Ronald R. Gremore
Personnel Manager

PRG/rc

cc: Eddie Adair, Police Chief
Tim Fitzpatrick, Asst. Chief





City of Urbana
400 South Vine Street
Urbana, IL 61801
(217)384-2362
FAX (217)384-2301

April 10, 2000

James Koker
[REDACTED]

Rank: 14
Score: 80.09%

Dear Mr. Koker:

This is to inform you that the Urbana Civil Service Commission has established an overall passing score of 71% for the position of Police Officer.

Because you have achieved a score at or above 71%, you have been placed on an eligibility register which will be used in the Civil Service selection process. This register is effective for one year. Therefore, it is incumbent upon you to formally notify us of any change in your address and phone number to insure future communications.

Congratulations on your performance throughout the process. If you have any questions, please call the Personnel Office at (217) 384-2458.

Sincerely,

[REDACTED]
Ronald R. Gremore
Personnel Manager

RRG/rc





City of Urbana
400 South Vine Street
Urbana, IL 61801
(217)384-2362
FAX (217)384-2301

March 8, 2000

James Koker



Score: 88.89%

Dear Mr. Koker:

This is to inform you that the Urbana Civil Service Commission has set a passing score for the Police Officer written examination at 70%. Because your score, as indicated above, meets or exceeds that requirement, you are eligible for the next phase of the selection process.

The next phase of the selection process is the oral board exam. The interviews will be conducted at the Urbana Civic Center, 108 Water St., Urbana, Illinois on Tuesday, April 4, 2000. We have assigned an appointment time for you. Your appointment time is **10:30 a.m.** Please plan to arrive on time so that everyone involved may stay on schedule. **Failure to appear will be considered a withdrawal from the process.** If you have any questions, please call the Personnel Office at (217) 384-2458.

Congratulations on your success to date and for your continued interest in employment with the City of Urbana.

Sincerely,



Ronald R. Gremore
Personnel Manager

RRG/rc



PART TIME / Intermittent

EMPLOYMENT

Rouff CATHOLIC High School 8/98 - present \$50 daily
460 E. College Ave.

JACKSONVILLE, IL 62650

Teach class for students

Substitute Teacher

Bill Beljibradyk
(Bellow-bray-dick)

ASHLAND Police Dept. 2/98 - 3/98 \$8.00 p/hr Resigned due to
101 Yates lack of training

ASHLAND, IL
Police officer

All police duties

Chief Tim Mann

SHOOTER'S Billiards 9/96 - 11/96 \$6.00 p/hr LAID OFF
220 N. Main St.

JACKSONVILLE, IL 62650

open, close establishment, serve drinks
and food.

Bartender

MacMURRAY College

8/95 - 5/96

Minimum wage

school employment
only

447 E. College Ave

JACKSONVILLE, IL 62650

Statistician for athletic department
set up equipment before games

Athletic Worker

Dr. Bob Gay

Citizens Gas Company
2020 N. Meridian St.
Indianapolis, IN 46224

Summers of '93 & '94 Summer employment
only

Digging, heavy machinery,
jack hammers

Helper on Street Crew



MacMURRAY College has been notified to send
a copy of my transcripts to your office. I spoke
to Lt. Mike Meteler regarding this earlier this week.

MacMURRAY COLLEGE

447 East College Avenue · Jacksonville, IL 62650 · (217) 729-7000

Koker, Cory

COURSE NAME

DEPT.

COURSE NO.

CR. HRS.

GRADE

GRADE POINT

NOTICE

Fall 1993

Intro to Crim Just
American Government
Writing & Speaking
Intro to Sociology

Crim	101	3.00	C	6.00
PolS	203	3.00	B	9.00
Rhet	110	3.00	D	3.00
Soc	201	3.00	B	9.00
HA	HE	HG	GP	GPA

SEMESTER:	12.0	12.0	12.0	27.0	2.25
CUMULATIVE:	12.0	12.0	12.0	27.0	2.25

January 1994

Research&Writ (Am Civil War)

Rhet	120	0.00	D	0.00
HA	HE	HG	GP	GPA

SEMESTER:	0.0	0.0	0.0	0.0	0.00
CUMULATIVE:	12.0	12.0	12.0	27.0	2.25

Spring 1994

Photography I
First Aid & CPR
Meth.Tchg.LifGuard
General Psychology
Seminar:War and Peace

Art	206	3.00	F	0.00
P.E.	205	3.00	B	9.00
P.E.	255	3.00	B	9.00
Psy	201	3.00	D	3.00
Rhet	130	0.00	F	0.00
HA	HE	HG	GP	GPA

SEMESTER:	12.0	12.0	9.0	21.0	1.75
CUMULATIVE:	24.0	24.0	21.0	48.0	2.00

Fall 1994

Football - Men
Principles of Biology
Forensic Science
Juvenile Delinquency
The Ancient World

ATHA	168	1.00	CR	0.00
Biol	103	4.00	D	4.00
Crim	211	3.00	C	6.00
Crim	228	3.00	D	3.00
Idea	210	3.00	D	3.00
HA	HE	HG	GP	GPA

SEMESTER:	14.0	13.0	13.0	16.0	1.23
CUMULATIVE:	38.0	37.0	34.0	64.0	1.73

January 1995

Women's and Men's Issues

Soc	232	3.00	B	9.00
HA	HE	HG	GP	GPA

SEMESTER:	3.0	3.0	3.0	9.0	3.00
CUMULATIVE:	41.0	40.0	37.0	73.0	1.83

The Family Educational Rights and Privacy Act of 1974 clearly prohibits the release of any and all of this information without the student's written consent.

GRADE POINT SCALE

A-4 pts.	I-Incomplete
B-3 pts.	W-Official Withdrawal
C-2 pts.	CR-Credit-activities
D-1 pts.	NC-No Credit-activities
F-Failure	R-Repeat Courses
P-Pass	AC-Audit-Completed
	AX-Audit Not-Completed

This is an official copy when imprinted with the MacMurray College Seal and certifies that the student is in good standing, would be allowed to return, and is honorably dismissed, unless otherwise indicated.



REGISTRAR

FEB 16 2000

DATE

MacMURRAY COLLEGE

447 East College Avenue · Jacksonville, IL 62650 · (217) 279-7000

Koker, Cory

COURSE NAME

DEPT.

COURSE NO.

CR. HRS.

GRADE

GRADE POINT

NOTICE

Cory Koker WAS PLACED ON ACADEMIC PROBATION JA95

Spring 1995

State & Local Gov't	Crim	219	3.00	C	6.00
Romans and the Middle Ages	Idea	211	3.00	D	3.00
Intro. to Philosophy	Phil	203	3.00	C	6.00
Seminar: Mass Media in U.S.	R Rhet	130	3.00	B	9.00
	HA	HE	HG	GP	GPA
SEMESTER:	12.0	12.0	12.0	24.0	2.00
CUMULATIVE:	53.0	52.0	49.0	97.0	1.87

The Family Educational Rights and Privacy Act of 1974 clearly prohibits the release of any and all of this information without the student's written consent.

GRADE POINT SCALE

A-4 pts.	I-Incomplete
B-3 pts.	W-Official Withdrawal
C-2 pts.	CR-Credit-activities
D-1 pts.	NC-No Credit-activities
F-Failure	R-Repeat Courses
P-Pass	AC-Audit Completed
	AX-Audit Not Completed

Cory Koker WAS PLACED ON ACADEMIC PROBATION SP95

Summer 1995

Health Fitness	P.E.	102	3.00	B	9.00
Abnormal Psychology	Psy	305	3.00	A	12.00
	HA	HE	HG	GP	GPA
SEMESTER:	6.0	6.0	6.0	21.0	3.50
CUMULATIVE:	59.0	58.0	55.0	118.0	2.03

Fall 1995

Painting I	Art	204	3.00	D	3.00
Criminal Law	Crim	340	3.00	C	6.00
RenaissReform&Enlight	Idea	310	3.00	C	6.00
Elementary Statistics	Psy	221	3.00	C	6.00
Elementary Spanish	Span	101	3.00	B	9.00
	HA	HE	HG	GP	GPA
SEMESTER:	15.0	15.0	15.0	30.0	2.00
CUMULATIVE:	74.0	73.0	70.0	148.0	2.03

January 1996

Sheriff's Dept Internship	Crim	393	3.00	P	0.00
	HA	HE	HG	GP	GPA
SEMESTER:	3.0	0.0	3.0	0.0	0.00
CUMULATIVE:	77.0	73.0	73.0	148.0	2.03

This is an official copy when imprinted with the MacMurray College Seal and certifies that the student is in good standing, would be allowed to return, and is honorably dismissed, unless otherwise indicated.

Cory Koker WAS PLACED ON ACADEMIC PROBATION JA96

Spring 1996



FEB 16 2000

DATE

MacMURRAY COLLEGE

447 East College Avenue · Jacksonville, IL 62650 (217) 49-7000

Koker, Cory

COURSE NAME

DEPT.

COURSE NO.

CR. HRS.

GRADE

GRADE POINT

NOTICE

Writing in Criminal Justice	Crim	243	3.00	B	9.00
Procedures of Criminal Justice	Crim	350	3.00	C	6.00
Practicum:Police	Crim	375	3.00	B	9.00
Modern World	Idea	311	3.00	C	6.00
	HA	HE	HG	GP	GPA
SEMESTER:	12.0	12.0	12.0	30.0	2.50
CUMULATIVE:	89.0	85.0	85.0	178.0	2.09

The Family Educational Rights and Privacy Act of 1974 clearly prohibits the release of any and all of this information without the student's written consent.

Cory Koker RETURNED TO GOOD ACADEMIC STANDING SP96

Fall 1996

Social Research	Crim	345	3.00	C	6.00
Springfield Police Department	Crim	393	6.00	P	0.00
American Sign Lang	DSTE	235	3.00	B	9.00
Physiological Psychology	Psy	325	3.00	B	9.00
History & Systems of Psych	Psy	461	3.00	B	9.00
	HA	HE	HG	GP	GPA
SEMESTER:	18.0	12.0	18.0	33.0	2.75
CUMULATIVE:	107.0	97.0	103.0	211.0	2.18

January 1997

Sem:American Foreign Policy	R Rhet	120	3.00	A	12.00
	HA	HE	HG	GP	GPA
SEMESTER:	3.0	3.0	3.0	12.0	4.00
CUMULATIVE:	110.0	100.0	106.0	223.0	2.23

Spring 1997

CltrCntmpWld:ChinaMexNigeria	Idea	400	3.00	C	6.00
Sound of Rock & Roll	Mus	223	3.00	C	6.00
Individual Sports	P.E.	253	3.00	C	6.00
Adolescence Psychology	Psy	244	3.00	C	6.00
Intro to Sports Management	SPRT	101	3.00	C	6.00
	HA	HE	HG	GP	GPA
SEMESTER:	15.0	15.0	15.0	30.0	2.00
CUMULATIVE:	125.0	115.0	121.0	253.0	2.20

Summer 1997

Team Sports	P.E.	254	0.00	F	0.00
Intramural Sports Mgmt & Rec	P.E.	263	0.00	F	0.00
	HA	HE	HG	GP	GPA
SEMESTER:	0.0	0.0	0.0	0.0	0.00
CUMULATIVE:	125.0	115.0	121.0	253.0	2.20

GRADE POINT SCALE

A-4 pts.	I-Incomplete
B-3 pts.	W-Official Withdrawal
C-2 pts.	CR-Credit-activities
D-1 pts.	NC-No Credit-activities
F-Failure	R-Repeat Courses
P-Pass	AC-Audit Completed
	AX-Audit Not Completed

This is an official copy when imprinted with the MacMurray College Seal and certifies that the student is in good standing, would be allowed to return, and is honorably dismissed, unless otherwise indicated.



FEB 16 2000

DATE

MacMURRAY COLLEGE

447 East College Avenue · Jacksonville, IL 62650 (217) 429-7000

Koker, Cory

COURSE NAME

DEPT.

COURSE NO.

CR. HRS.

GRADE

GRADE POINT

NOTICE

Fall 1997

Methods: Team Sports

R P.E.

254

3.00

C

6.00

Intramural & Recreation Admin

R P.E.

263

3.00

F

0.00

HA

HE

HG

GP

GPA

SEMESTER:

6.0

6.0

3.0

6.0

1.00

CUMULATIVE:

131.0

121.0

124.0

259.0

2.14

Spring 1998

Hist of American Animation

Hist

338

3.00

B

9.00

HA

HE

HG

GP

GPA

SEMESTER:

3.0

3.0

3.0

9.0

3.00

CUMULATIVE:

134.0

124.0

127.0

268.0

2.16

Cory Koker HAS MET THE ENGLISH PROFICIENCY

Cory Koker HAS MET THE MATH PROFICIENCY

GRADUATED: May 24, 1998

DEGREE: Bachelor of Science

MAJOR: Criminal Justice

MINOR: Psychology

The Family Educational Rights and Privacy Act of 1974 clearly prohibits the release of any and all of this information without the student's written consent.

GRADE POINT SCALE

A-4 pts.	I-Incomplete
B-3 pts.	W-Official Withdrawal
C-2 pts.	CR-Credit-activities
D-1 pts.	NC-No Credit-activities
F-Failure	R-Repeat Courses
P-Pass	AC-Audit Completed
	AX-Audit Not Completed

This is an official copy when imprinted with the MacMurray College Seal and certifies that the student is in good standing, would be allowed to return, and is honorably dismissed, unless otherwise indicated.



This transcript may not be forwarded to a third party.

This transcript is only official if it arrived in a sealed envelope with this red stamp across the flap.

REGISTRAR

FEB 16 2000

DATE