



# ERIE COUNTY SHERIFF'S OFFICE

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SHERIFF

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## Erie County Jail Support Staff

I \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , understand my  
Name DOB SSN

assignment to the Erie County Jail for the purpose of \_\_\_\_\_ .  
Support Staff Assignment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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LEADS Check : \_\_\_\_\_ Officer: \_\_\_\_\_ Date: \_\_\_\_\_

OHLEG Check: \_\_\_\_\_ Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Training Packet: \_\_\_\_\_ Officer: \_\_\_\_\_ Date: \_\_\_\_\_