

STATE OF OHIO  
STATE PERSONNEL BOARD OF REVIEW

Kenneth Anderson,

*Appellant,*

v.

Case No. 09-IDS-07-0319

Department of Mental Health Northcoast Behavioral,

*Appellee.*

**ORDER**

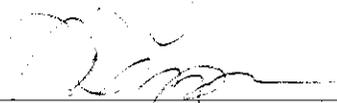
This matter came on for consideration on the motion of Appellee that the Notice of Rescission attached hereto be adopted. Being fully advised in the premises, the Board hereby orders that the attached rescission, incorporated herein by reference and made a part of the case file in this appeal, be **ADOPTED**, and that Appellant's appeal be **DISMISSED**.

Lumpe - Aye

Sfalcin - Aye

Tillery - Aye

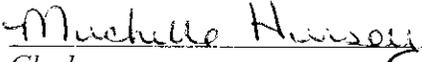


  
\_\_\_\_\_  
J. Richard Lumpe, *Chairman*

**CERTIFICATION**

The State of Ohio, State Personnel Board of Review, ss:

I, the undersigned clerk of the State Personnel Board of Review, hereby certify that this document and any attachment thereto constitute (the original/a true copy of the original) order or resolution of the State Personnel Board of Review as entered upon the Board's Journal, a copy of which has been forwarded to the parties this date, November 9, 2009.

  
\_\_\_\_\_  
*Clerk*

**NOTE:** Please see the reverse side of this Order or the attachment to this Order for information regarding your appeal rights.

11-9-09

STATE OF OHIO  
STATE PERSONNEL BOARD OF REVIEW

KENNETH ANDERSON )

Appellant, )

v. )

DEPARTMENT OF MENTAL HEALTH, )  
NORTHCOAST BEHAVIORAL )

Appellee. )

Case No. 09-IDS-07-0319

ALJ: CHRISTOPHER R. YOUNG

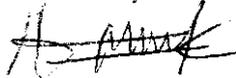
2009 OCT 23 PM 3:25

**NOTICE OF RESCISSION**

Now comes the Department of Mental Health/Northcoast Behavioral Healthcare, by and through the undersigned counsel, hereby submits the attached Notice of Rescission in response to the Administrative Law Judge's Order dated October 2, 2009.

Respectfully submitted,

RICHARD CORDRAY  
Ohio Attorney General



KOMLAVI ATSOU (0084235)

Assistant Attorney General

Employment Law Section

Ohio Attorney General's Office

30 East Broad Street, 23<sup>rd</sup> Floor

Columbus, Ohio 43215

(614) 644-7257 – Telephone

(614) 752-4677 – Facsimile

komlavi.atsou@ohioattorneygeneral.gov

Attorney for Appellee

12/23/09



Ohio Department of Mental Health  
Northcoast Behavioral Healthcare

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Cleveland Campus

1708 Southpoint Drive  
Cleveland, Ohio 44109

Phone: (216) 787-0500  
TDD: (216) 661-2411  
Fax: (216) 787-0656

October 7, 2009

Northfield Campus  
and Community  
Support Network

1756 Sagamore Road  
P.O. Box 905  
Northfield, Ohio 44067

Phone: (330) 467-7131  
TDD: (330) 467-5522  
Fax: (330) 467-2420

Kenneth Anderson  
236 Syracuse Ct.  
Elyria, Ohio 44035-7390  
CERTIFIED MAIL: 7006 2150 0005 0579 3514

Subject: Involuntary Disability Separation

Toledo Campus

930 S. Detroit Avenue  
Toledo, Ohio 43614

Phone: (419) 381-1881  
TDD: (419) 381-0815  
Fax: (419) 389-1361

Dear Mr. Anderson:

Pursuant to Ohio Administrative Code 124-3-03, please consider this letter written notice of Northcoast Behavioral Healthcare's decision to rescind your involuntary disability separation of June 25, 2009.

If you have any questions, please do not hesitate to contact me at (330) 467-7131, extension 751223.

Thank you,

Marvin Phillips,  
HCM Manager

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing has been served by U.S. mail, postage pre-paid, upon Appellant Kenneth Anderson, 236 Syracuse Ct., Elyria, Ohio 44035, on this 23<sup>rd</sup> day of October, 2009.



KOMLAVI ATSOU  
Assistant Attorney General

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth Anderson  
236 Syracuse Ct.  
Elyria, Ohio 44035-7390

2. Article Number

(Transfer from service label)

7006 2150 0005 0579 3514

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1840

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 2150 0005 0579 3514



7006 2150 0005 0579 3514

7006 2150 0005 0579 3514

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Human Resources MP	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$

Postmark Here

Sent To  
**Kenneth Anderson**

Street, Apt. No. or PO Box No. **236 Syracuse Ct.**

City, State, ZIP+4 **Elyria, Ohio 44035-7390**

PS Form 3808, August 2005 See Reverse for Instructions



Ohio Department of Mental Health  
**Northcoast Behavioral Healthcare**  
Northfield Campus  
1756 Sagamore Road, P.O. Box 305  
Northfield, Ohio 44067-0305  
**HUMAN RESOURCES™**

Kenneth Anderson  
236 Syracuse Ct.  
Elyria, Ohio 44035-7390

CERTIFIED MAIL: 7006 2150 0005 0579 3514

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Kenneth Anderson 236 Syracuse Ct. Elyria, Ohio 44035-7390</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  Kenneth Anderson 10/01/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) 7006 2150 0005 0579 3514</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>