galion city
HEALTH DEPARTMENT

113 Harding Way East
Galion, Ohio 44833

Phone 419.468.1075
Fax 419.468.8618
www.galionhealth.org

Retention Incentive Agreement

Date: 10/14/2026
Employee: Sarah Miley
Employer: Galion City Health Department

Dear Sarah,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Sarah Miley, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Sarah Miley **Date:** 10/14/2026

Health Commissioner: Andrea Cinadr **Date:** 10/14/2026

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Abby Volk
Employer: Galion City Health Department

Dear Abby,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Abby Volk, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Abby Volk **Date:** 10/14/26

Health Commissioner: Andrea Cinadr **Date:** 10/14/26

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Andrea Cinadr
Employer: Galion City Health Department

Dear Andrea Cinadr,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr
Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Andrea Cinadr, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Andrea Cinadr **Date:** 10/14/2026

Health Commissioner: Andrea Cinadr **Date:** 10/14/2026

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Crystal Marks
Employer: Galion City Health Department

Dear Crystal,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr
Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Crystal Marks, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Crystal Marks **Date:** 10/14/26

Health Commissioner: Andrea Cinadr **Date:** 10/14/26

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Matt Schwab
Employer: Galion City Health Department

Dear Matt Schwab,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1,500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Matt Schwab, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Matt Schwab **Date:** 10/14/26

Health Commissioner: Andrea Cinadr **Date:** 10/14/26

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Terri Murphy
Employer: Galion City Health Department

Dear Terri,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1500**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Terri Murphy, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Terri Murphy **Date:** 10-14-26

Health Commissioner: Andrea Cinadr **Date:** 10/14/2026

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Jennifer Jordan
Employer: Galion City Health Department

Dear Jennifer,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$1081.31**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Jennifer Jordan, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Jennifer Jordan **Date:** 10-14-26

Health Commissioner: Andrea Cinadr **Date:** 10/14/2026

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Retention Incentive Agreement

Date: 10/14/2026
Employee: Kori Gillam
Employer: Galion City Health Department

Dear Kori,

In recognition of your continued service, the Galion City Board of Health is offering you a retention incentive of **$617.01**, subject to the terms below.

1. **Payment.** GCHD will pay the incentive on or about 10/14/2026, less applicable tax withholdings and other required deductions.
2. **Service commitment.** In consideration of the incentive, you agree to remain employed by GCHD through **10/14/2027.**
3. **Repayment obligation.** If you voluntarily resign before the end of the commitment period, you agree to repay **the incentive** within [45] days after your employment ends.
4. **Exceptions.** Repayment will not be required if your employment ends because GCHD terminates you without cause, eliminates your position, or you die or become unable to work due to a qualifying disability.
5. **No wage deduction without lawful authorization.** GCHD will not deduct any repayment from your wages or final pay unless applicable law permits the deduction and any legally required authorization is in place. This agreement does not waive any rights that cannot legally be waived.
6. **Other employment terms.** Except for the incentive and repayment terms stated in this agreement, this agreement does not change your at-will employment status, if applicable, or any other terms of your employment.

Please sign below to confirm that you have read, understood, and voluntarily accepted these terms. Before signing, you may ask questions or seek independent advice.

Sincerely,

Andrea Cinadr

Andrea Cinadr

Health Commissioner

Employee Acknowledgment

I, Kori Gillam, acknowledge that I have read and understood this agreement, had the opportunity to ask questions and seek independent advice, and agree to its terms.

Employee signature: Kori Gillam **Date:** 10-14-26

Health Commissioner: Andrea Cinadr **Date:** 10/14/2026