



**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-0512

Officer Involved Critical Incident - 294 Ira Avenue, Akron,
OH 44301, Summit County

Investigative Activity: Involved [REDACTED] Personnel File Review
Involves: [REDACTED]
Activity Date: 03/20/2025
Activity Location: 4055 Highlander Parkway, Richfield, Summit County,
Ohio, 44286
Authoring Agent: SA John P. Tingley #154

Narrative:

On Thursday, March 20, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (SA Tingley) received the personnel file for Akron Police Department (APD) [REDACTED] from APD Sergeant Orrand. SA Tingley reviewed the personnel file, training records, and qualification records and noted the following:

Law Enforcement Employment History:

[REDACTED] was hired by the APD as a full-time Officer on [REDACTED]. The entire extent of [REDACTED] law enforcement experience has been with the APD.

Basic Training:

[REDACTED] attended and successfully completed the Ohio Peace Officer Training Academy (OPOTA) Basic Training Class [REDACTED]. [REDACTED] also took and passed the OPOTA certification examination on [REDACTED], and was issued Peace Officer Certificate [REDACTED] by the Ohio Peace Officer Training Commission.

Current Peace Officer Status:

Based on the records received and reviewed, it is noted that [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of the officer involved critical incident.

Training File:

[REDACTED] has completed a number of advanced training classes from various sources. Some of those classes include:

- Clandestine Drug Labs

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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2025-0512

Officer Involved Critical Incident - 294 Ira Avenue, Akron,
OH 44301, Summit County

- Human Trafficking
- Drone Operator
- Fraud Reporting and Training
- Crisis Negotiation

Firearms Qualification:

On September 18, 2024 [REDACTED] qualified on the following weapon:

- Glock 45 - 9mm - Serial [REDACTED] (this was the weapon used by [REDACTED] in the Officer Involved Critical Incident)

Disciplinary Records:

Based on the records received, [REDACTED] has no discipline related to the use of force.

The personnel file, training records, and qualification records are attached as Reference Item J in Evidence.com. Please refer to the reference item for further details.

References:

Ref Item J - Personnel Files and Training Records of Involved Officers - Stored in Evidence.com

Attachments:

None

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Re: Certificate Needed



To:  Bole, Dayna



CITY OF AKRON, OHIO

DEPARTMENT AKRON POLICE Subdivision

To: Major Caprez, Capt. Micozzi, Capt. Yohe, Lt. Forney, Sgt. Wood
From: Off. R.J. Lehman 974
Ref: [REDACTED] range session after OIS
Date: 1/16/20

Sirs,

On this date 1/16/20 Off. Strainer and myself met [REDACTED] at the University of Akron range. We began the session with casual conversation. We then had [REDACTED] shoot the OPOTA qualification. [REDACTED] shot very well and passed the qualification. We then moved into more challenging shooting drills and [REDACTED] performed above average. After the session we talked again.

In my personal opinion [REDACTED] performed above average and did not exhibit anything that would cause any concern for him returning to duty.

Respectfully Submitted,

Off. R.J. Lehman 974

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE

2020 JAN 16 PM 3:56



I, [REDACTED] DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.

[REDACTED]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE
THIS [REDACTED]


DONALD L. PLUSQUELLIC, MAYOR

OHIO PEACE OFFICER TRAINING COMMISSION
PEACE OFFICER COMMISSION AND OATH OF OFFICE

I. TO BE COMPLETED BY APPOINTEE:

On this date, you are hereby appointed as a peace officer to serve as a Police Officer for
the Akron Police Department pursuant to 737.02
department name ORC Section

As such, you shall swear or affirm the following:

I, [REDACTED], do solemnly swear or affirm that I will support the
appointee

Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio,
and the Laws and Ordinances of City of Akron and to the best of my ability will
political subdivision

discharge the duties of the office of Police Officer.
position/title

[REDACTED] [REDACTED]
Signature of Appointee Date of Appointment

II. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that [REDACTED] is
appointee

appointed to the above position pursuant to the authority vested in me by 737.02, and
ORC Section

that the individual has personally appeared before me and signed this oath in my presence.

[Signature] Donald L. Plusquellic, Mayor
Signature of Appointing Authority Typed Name of Appointing Authority and Title

III. NOTARY:

Sworn to and subscribed before me this [REDACTED].

My commission expires February 16, 2011

Carrie L Stoll



Signature of Notary/Clerk of Courts

CARRIE L. STOLL, Notary Public

Residence - Summit County
State Wide Jurisdiction, Ohio

My Commission Expires 2-16-11

FW: incident March 7, 2013 around 8:30pm

Calvaruso, Paul

Sent: Friday, March 15, 2013 9:51 AM

To: McNeil, Jeff

Put in file



From: Brown, Charles
Sent: Monday, March 11, 2013 9:40 AM
To: Calvaruso, Paul
Subject: FW: incident March 7, 2013 around 8:30pm

C.A. Brown, Assistant Chief of Police
Akron Police Department
217 South High Street, Suite #320
Akron, Ohio 44308
330.375.2470
www.akroncops.org
Get signed up for our Nixle alerts & our Facebook Fan page!

From: Laura Smrcina Hill [REDACTED]
Sent: Friday, March 08, 2013 4:47 PM
To: Brown, Charles
Subject: incident March 7, 2013 around 8:30pm

Hi!

I wanted to write a note to thoroughly thank the two kind-hearted police officers that helped my friend Stephanie and myself last evening with her missing dog, Louie. The two police officers met us at the corner of Arlington and 7th and drove with us to the house where Louie was being held on Homestead. We were very nervous and unsure about trying to collect Louie on our own. The police officers were so nice and helpful. It all happened so quickly, that I was not able to get a badge number or their names.

I just want to commend them on their service and rescuing of Louie. We are so very grateful!!!

Sincerely,

Laura Hill

--

LAURA HILL - [REDACTED]
Allen & Hodgman



Police Incident Power Filter

[Search] [Reset] [Back] [Navigate]

| | | | | | |
|-----------------|----------|--------------|--|-------------|-------------|
| Display Options | | Sort Options | | Load Search | Save Search |
| SEARCH CRITERIA | OPERATOR | SEARCH VALUE | | | |
| Incident Date | on | 03/07/2013 | | | |
| Notes | includes | dog | | Remove Row | |
| | | | | Remove Row | |
| Add Row | | | | Add Column | |

Search Results: 10

| All+V | Incident Number | Incident Date/Time | Incident Address Apt/Lot | Dist | Prt | Nature | Units | Officers | Reports |
|---|-----------------|----------------------|-----------------------------|------|-----|-----------------------------|---------------------|--|---------|
| View Print | 13038872 | 03/07/13 23:36:05 | 627 MARDON AV | 9 | 6 | 2-MEET A PARTY | A9 | 1334 CHETTO, SHAWN E | |
| View Print | 13038852 | 03/07/13 23:09:56 | 938 WHITTIER AV | 8 | 3 | CKPR-CHK PROP * OPEN DRAWND | A8 | 1288 MILES, MICHAEL W 1343 CUNNINGHAM, KYLE S | |
| View Print | 13038814 | 03/07/13 22:05:06 | 68 PALMETTO AV | 6 | 6 | 16-ANIMAL COMPLAINT/PROBLEM | E16, E15 | 1164 TASSIELLO, VINCENT J 1173 AEY, WILLIAM J 1248 REA, JAMIE J 1231 DIDYK, PATRICK T | |
| View Print | 13038808 | 03/07/13 21:59:15 | 1376 OTTAWA AV | 3 | 6 | 2-MEET A PARTY | E47 | 1033 GARRETT, GARY R | |
| View Print | ██████████ | 03/07/13 20:03:20 | 530 S ARLINGTON ST P LOT | 11 | 6 | 2-MEET A PARTY | E22 | ██████████ 1300 TERSIGNI, VINCENT R | |
| View Print | 13038756 | 03/07/13 18:49:25 | 700 HOME AV | 2 | 6 | CIP-CHECK IN PATROL FOR | E24 | 1301 WINEBRENNER, JUSTIN R 1264 MORRIS, JUSTIN M | |
| View Print | 13038693 | 03/07/13 18:42:25 | 1106 SYLVAN AV | 5 | 6 | 2-MEET A PARTY | D5 | 1285 BAUKNECHT, BRENT A 1284 JASKOLKA, JANUSZ M | |
| View Print | 13038473 | 03/07/13 13:07:47 | 455 WHITE POND DR | 9 | 4 | CKW-CHECK THE WELFARE | C19 | 893 FORESTER, WILLIAM S | |
| View Print | 13038439 | 03/07/13 12:27:35 | 1414 KENMORE BLVD | 7 | 4 | 9B-SUSP PERSON(S) ON FOOT | B7, C16, M960 | 1179 PATALON, EDWARD D 960 HOOPER, PAUL M 1056 HOTTINGER, JANET R | |
| View Print | 13038271 | 03/07/13 02:36:20 | 2042 LORENA AV | 9 | 6 | CIP-CHECK IN PATROL FOR | A12, A9A, A9 | 1296 HILL, PAUL J 1297 MOENICH, GREGORY S 1162 KELLEY, ANTHONY J 1319 TURNURE, JOHN D | |

Akron Police Department
Incident [749243]

Friday, March 15, 2013 10:11
Page 1 of 1



Incident **POLICE, DIVISION, AKRON, OHIO**

| INCIDENT | | | | | | | |
|-------------------------|--|---------------------------------|------------------------------------|---------------------------------|----------------------|----------------|-------------|
| INCIDENT# [REDACTED] | DATE/TIME 03/07/2013 20:03 | ADDRESS 530 S ARLINGTON ST | APT/LOT P.LOT | NATURE 2-MEET A PARTY | PRIORITY 6 | DISTRICT 11 | GRID 443 |
| ALARM METHOD 1 | TIME DISPATCHED 03/07/2013 20:34 | TIME CLOSED 03/07/2013 20:57 | COMPLAINANT NAME STEPHANIE FALK | COMPLAINANT PHONE [REDACTED] | DISPOSITION(S) 23 | | |
| CALL TAKER PMP | DISPATCHER REJ | | | | | | |
| Unit | Dispatch | Enroute | Arrived | Open Rpt | Cleared | | |
| E22 | 20:34:07 | 20:34:09 | | | 20:57:04 | | |
| Time | Notes | | | | | | |
| 20:03:45 | REF DOG THAT WAS TAKEN (08PMP) | | | | | | |
| 20:04:20 | ETA 10MINS SIL BUICK VERANA (08PMP) | | | | | | |
| 20:04:29 | WANTS TO PU DOG FROM PERSON WHO TOOK IT (08PMP) | | | | | | |
| 20:31:28 | C/B FROM CALLER, IS IN THE ARLINGTON CHURCH OF GOD P/LOT (02SNS) | | | | | | |
| 20:31:38 | WAITING FOR APD (02SNS) | | | | | | |
| 20:32:17 | *Location changed from S ARLINGTON ST/7 AV | | | | | | |
| 20:34:07 | P.D. Response area is 11 | | | | | | |
| 20:51:39 | Unit E22 current location: 406 HOMSTEAD (REJ) | | | | | | |



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives
5005 Rockside Road, Suite 700
Independence, Ohio 44131

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE
2013 FEB -1 PM 3:05

www.atf.gov

January 23, 2013

Chief James Nice
Akron Police Department
217 S. High Street
Akron, Ohio 44308

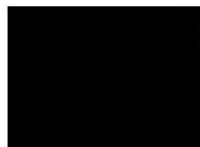
Dear Chief Nice,

I would like to commend the efforts of [REDACTED] David Hileman, and Jude Carroll in connection with the recently concluded investigation and prosecution of Garrett J. Patterson (AKA: "Gan"), for Federal firearms and narcotics violations.

On November 4, 2011, these officers conducted a traffic stop upon Patterson, who was driving a 2005 Dodge Magnum, at the intersection of Copley Road and Seward Avenue, as this vehicle had illegally tinted windows. After the officers noticed the odor of marijuana from inside of Patterson's vehicle, they then observed a loaded Smith & Wesson, model SW40VE, .40 caliber pistol in plain view on the driver's side floor board. Patterson was placed under arrest and search incident to arrest revealed that he had approximately 4.2 ounces of suspected crack cocaine and five suspected Ecstasy pills in his pockets. Approximately 6.6 ounces of marijuana was found in the rear passenger seat of the vehicle.

As Patterson was the subject of a previous ATF investigation in 2007, (which resulted in his subsequent Federal conviction for Felon in Possession of a Firearm and a sentence of 24 months imprisonment with 3 years Federal supervised release) ATF again became involved in an investigation of Patterson. Follow-up investigative activity by an ATF agent revealed that the firearm that Patterson was found to be in possession of was allegedly a stolen firearm.

On November 22, 2011, Patterson was indicted for one count of violating Section 922(g)(1), Title 18, United States Code – Felon in Possession of a Firearm/Ammunition, and Section 841(a)(1), Title 21 – Possession of a Controlled Substance With Intent to Distribute, in U.S. District Court, Cleveland, Ohio.



David, Jude,
NAD work!
Chief NAD

On November 9, 2012, Patterson pled guilty to both offenses and subsequently, on January 18, 2013, he was sentenced to 108 months imprisonment, with 6 years supervised release.

I would like to recognize the efforts and spirit of cooperation shown by [REDACTED] Hileman, and Carroll in the investigation and successful prosecution Patterson; a multi-convicted felon, repeat offender, and drug trafficker.

These officers are truly assets to your department, as well as to the citizens of Akron. As always, I look forward to such continued ventures.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance L. Kimmell", with a stylized flourish at the end.

Lance L. Kimmell
Group Supervisor

Miller, Marcus

From: JOHN SHREVE [REDACTED]
Sent: Wednesday, September 26, 2007 6:13 PM
To: police@ci.akron.oh.us
Subject: Thanks

Dear Sirs:

On September 15, 2007, my wife and I were riding with our son. As we were entering the intersection of E Cuyahoga Falls Avenue and Gorge Blvd, we had to stop suddenly as a fire engine appeared from the left. The vehicle behind us was unable to stop and hit us.

I do not know the names of the two officers that responded. The report number was [REDACTED] and I believe they were in vehicle #24.

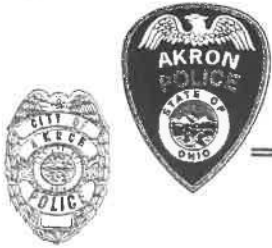
We would like to thank both officers for the way they handled the situation. They were efficient, courteous, and went out of their way to take care of us, even remaining on the scene until my daughter-in-law could come from work and pick us up. They even offered to let us sit in the back of the cruiser since it was quite cool and we weren't dressed very warmly. I did decline their offer telling them that I had never really had any desire to sit in the back seat of any police car. (My nephew is an police officer and I've heard too many stories about what goes on.)

Please thank the officers involved for us, and thanks to your department for making an uncomfortable situation bearable.

Sincerely,

John Shreve
PO Box 686
Beverly, OH 45715

9/27/2007



AKRON POLICE DEPARTMENT

Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Michael T. Matulavich, *Chief of Police*

September 27, 2007

*Mr. John Shreve
P.O. Box 686
Beverly, OH 45715*

Dear Mr. Shreve:

Thank you for contacting the Police Department expressing your gratitude for the service provided by Officers Kevin Evans and [REDACTED]

It is always appreciated when someone contacts us regarding our officers in the performance of their duties. It makes us proud to know that they made such a favorable impression.

For your information, a copy of your message was forwarded to both officers with an additional copy placed in their respective personnel file.

Again, thank you for your comments.

Sincerely,

Michael T. Matulavich

*Michael T. Matulavich
Chief of Police*

cc: Captain Caprez



RE: Great Job

Caprez, Michael

Sent: Thursday, February 25, 2010 7:28 PM**To:** Nemet, Jacqueline

Thanks we'll let them know

From: Nemet, Jacqueline**Sent:** Thursday, February 25, 2010 8:56 AM**To:** Caprez, Michael**Cc:** Hall, Augustus**Subject:** Great Job

I received a telephone call in the Chief's Office yesterday from Ms. Phyllis Rosadso. She informed me that on February 9, 2010 [REDACTED] and Officer Hileman went above and beyond to assist her.

Ms. Rosadso had been walking home around 11:15 PM from East Market around the Central Garage headed to her home on Exchange Street across from Dave's Supermarket. She is 63 years of age and walks with a cane, the sidewalks were snow covered and the officers stopped and offered her a ride home. She also stated that when she exited the cruiser the officers made sure she made it around the snow safely and asked if she would like help up her stairs.

Ms. Rosadso was so grateful for the service our officers provided and asked that I make their supervisor aware of what a fine job they did. I assured her that I would pass along the information as well as place a copy of this e-mail in their personnel files. Ms. Rosadso can be contacted at [REDACTED]

EMPLOYEE ID NO.

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE**SETUP & CHANGE PERSONAL INFORMATION**

2010 MAY 11 AM 8:51

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

| Social Security Number | Last Name | First Name | Middle Name |
|---|---------------|----------------|-----------------|
| | | | |
| New Social Security Number (if applicable) | New Last Name | New First Name | New Middle Name |
| | | | |

| Street Address | City and State | Zip Code |
|----------------|----------------|----------|
| | | |

| Resident (Circle response below) | Phone Number (complete the information below) | Marital Status (Circle response below) | Birth Date | Gender (Circle response below) |
|--|--|--|------------|-----------------------------------|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | CELL: HOME: | 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed | | MALE FEMALE |

| Education (Circle response below) | | |
|--|--|--|
| B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School | F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree | J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate |

| Emergency Contact Information | | | |
|-------------------------------|-----------|------------|-------------|
| Title | Last Name | First Name | Middle Name |
| | | | |

| City and State | Phone Number | Relationship Code |
|----------------|--------------|-------------------|
| | | |

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE

DATE

5-4-16

Personal Information Form

The Chief's Office is updating database files on sworn, civilian and safety communications employees as well as Reserve Officers. The required information is **bolded**. All other information is optional. Cross off any information listed below that is incorrect and neatly print the correct information on the line provided.

Rule and Regulation 600.01: Officers/employees of the Police Division are required to have a telephone at their place of residence, and shall submit a report of their address and telephone number to their commanding officer.

- a. All changes of address or telephone number shall be reported to the officer's/employee's commanding officer within twenty-four (24) hours after such change.
- b. This rule shall be complied with by all officers/employees of the Police Division whether such officer/employee is working or on leave.

This signed form is due in the Chief's Office by Monday, September 14, 2015.

ID# [REDACTED] Badge#: [REDACTED] DB Badge#: _____

Last: [REDACTED] _____

First: [REDACTED] _____

Middle: [REDACTED] _____

Address: [REDACTED] _____

City: [REDACTED] Zip: [REDACTED] _____

Phone #1: [REDACTED] NONE _____

Phone #2: [REDACTED] _____

Spouse/Significant Other [REDACTED] _____

College Degree(s): *Example – B.S. in Political Science; Assoc. in Criminal Justice*
CERTIFICATION - MASSOTHERAPY

Emergency Contact Information:

Name: [REDACTED] _____

Relation: [REDACTED] _____

Phone # [REDACTED] Phone #2: [REDACTED] _____

Employee's Signature: [REDACTED] Date: 9-3-15

Supervisor's Signature: Sgt. R. Parrott



✓

Personal Information Form

The Chief's Office is updating database files on sworn and civilian employees as well as Reserve Officers. The required information is **bolded**. All other information is optional. Cross off any information listed below that is incorrect and print the correct information on the line provided. This form is due in the Chief's Office by Monday, November 26, 2012.

ID#: [REDACTED]

Badge#: [REDACTED] _____

Last: [REDACTED] _____

First: [REDACTED] _____

Middle: [REDACTED] _____

Address [REDACTED] _____

City: [REDACTED] _____

Zip: [REDACTED] _____

Phone #1: [REDACTED] _____

Phone #2: [REDACTED] _____

Spouse: [REDACTED] _____

College Degree(s): CERTIFICATION - MASSOTHERAPY

Community Relations is creating an exhibit on family relationships for the museum. If you are related to a former or current officer(s) or someone with another law enforcement agency and would like to share that information, please complete the lines below. Please use the back of the form if additional space is needed.

Example: Officer James E. Conley has the following family relationships:

John "Jack" Conley, Jim's uncle, Akron Police Department, Officer, Retired/Deceased

Michael Conley, brother, Summit County Sheriff's Office, Deputy, Active

Name: _____

Relationship: _____

Agency: _____

Rank: _____ Status: _____

Name: _____

Relationship: _____

Agency: _____

Rank: _____ Status: _____

27

NAME: _____ PAYROLL ID NO.: _____

CELL PHONE/PAGER NUMBER(S)/E-MAIL ADDRESS YOU WOULD LIKE PAGED ON:

CIRCLE ALL NOTIFICATION GROUPS APPLICABLE TO YOU (If a special unit is not listed, please mark it next to "Other"):

Other: _____

I, _____, UNDERSTAND THAT I MUST ASSUME RESPONSIBILITY FOR ALL CHARGES FROM MY CELLULAR CARRIER FOR ANY TEXT MESSAGING GENERATED BY THE SPECIAL OPERATIONS RESPONSE TEAM DISPATCH CENTER (i.e. Safety Communications) _____

MEMBER'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: L. C. [Signature] 1053

DATE: 8/3/10

Please note: If you “opt out” of the notification pages and are needed for any reason, you will still be contacted via phone. “Opting out” does not mean that you will not be called to report to duty. See Akron Police Department Rules and Regulations 1100.01, 1100.05, 1100.06a and 1100.06b.

EMPLOYEE ID NO.

SETUP & CHANGE PERSONAL INFORMATION

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

| Social Security Number | Last Name | First Name | Middle Name |
|------------------------|-----------|------------|-------------|
| | | | |

| New Social Security Number (if applicable) | New Last Name | New First Name | New Middle Name |
|---|---------------|----------------|-----------------|
| | | | |

| Street Address | City and State | Zip Code |
|----------------|----------------|----------|
| | | |

| Resident (Circle response below) | Phone Number (complete the information below) | Birth Date | Gender (Circle response below) |
|--|--|------------|-----------------------------------|
| Yes <input checked="" type="radio"/> No | CELL HOM | | MALE FEMALE |

| Education (Circle response below) | | |
|---|--|--|
| B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School | F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree | J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate |

| Emergency Contact Information | | | | |
|-------------------------------|-----------|------------|-------------|----------------|
| Title | Last Name | First Name | Middle Name | Street Address |
| | | | | |

| City and State | Phone Number | Relationship Code |
|----------------|--------------|-------------------|
| | | 1 |

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE: _____

DATE 9-14-09

SETUP & CHANGE PERSONAL INFORMATION

| SOCIAL SEC. NO. | LAST NAME | FIRST NAME | MI |
|-----------------|-----------|------------|----|
| | | | |

| NEW SOCIAL SEC. NO. | NEW LAST NAME | NEW FIRST NAME | MI |
|---------------------|---------------|----------------|----|
| | | | |

| STREET ADDRESS | CITY AND STATE | ZIP | RES |
|----------------|----------------|-----|-----|
| | | | |

| SCH DST | HOME PHONE | BIRTHDATE | SEX RACE ETHNIC GROUP CODE |
|---------|------------|-----------|--|
| | | | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. White Male B. Black Male C. Hispanic Male </div> <div style="width: 50%;"> D. Asian/Pacific Is. E. Am. Ind./Alaskan F. Other Male </div> <div style="width: 50%;"> G. White Female H. Black Female I. Hispanic Female </div> <div style="width: 50%;"> J. Asian/Pacific Is. K. Am. Ind./Alaskan L. Other Female </div> </div> |

| MILITARY | EDUCATION | MARITAL STATUS | DEPENDENT CHILD |
|---|---|--|-----------------------------|
| 1 No Military Service 2 Military - No Pref. 3 Military - Pref. | 01 8th Grade 02 Some High School 03 High School Grad. 04 Some College 05 College Grad. 06 Grad. Degree | 1 Single 2 Married 3 Separated 4 Divorced 5 Widowed | 1 Yes 2 No |

| SPOUSE INFORMATION | | | |
|--------------------|------------------|-------------------|----|
| PENSION PLAN | SPOUSE LAST NAME | SPOUSE FIRST NAME | MI |
| | | | |

| SPOUSE | EMERGENCY CONTACT INFORMATION | | | |
|-----------|-------------------------------|-----------|----|----|
| BIRTHDATE | TITLE | LAST NAME | FI | MI |
| | | | | |

| EMERGENCY CONTACT INFORMATION | | |
|-------------------------------|--------------|---------------|
| CITY AND STATE | PHONE NUMBER | RELATION CODE |
| | | |

| CIVIL SERVICE USE ONLY | | | | | | | | | |
|------------------------|--------------|-------|------|----|--------|----------|---------|-----------|--|
| CLASS PD | POSITION NO. | RANGE | APPT | HQ | STATUS | FED. EX. | ST. EX. | EMP. DATE | |
| | | | | | | | | | |

January 7, 2008

To: 

Subj: Non-compliance with employment residency requirements,
City of Akron Charter Section 106 (5b).

Dear: 

City of Akron Personnel Records indicate that you have not yet complied with the residency requirement of the City of Akron.

We have on file your signed statement, acknowledging you are aware that City of Akron Charter Section 106 (5b) requires you to become a resident within twelve months of your employment and to remain a resident during your employment.

If you are not in compliance with the residency requirement by March 26, 2008 under Charter Section 106(5b), the appointing authority has no alternative but to ask for your separation. Please submit proof of residency with the 'Setup and Change Personal Information' form to your department head as soon as you are in compliance. This proof includes, but is not limited to written proof of ownership such as signed contract for water billing or if renting a copy of lease or rental agreement.

If you have any questions regarding residency or there are extenuating circumstances that prevent you from meeting this requirement, please contact the Personnel Department immediately.

Sincerely,



Virginia Robinson
Personnel Director

cc: Labor Relations
Chief Matulavich

October 9, 2007

To: 

Subj: Non-compliance with employment residency requirements,
City of Akron Charter Section 106 (5b).

Dear: 

City of Akron Personnel Records indicate that you have not yet complied with the residency requirement of the City of Akron.

We have on file your signed statement, acknowledging you are aware that City of Akron Charter Section 106 (5b) requires you to become a resident within twelve months of your employment and to remain a resident during your employment.

If you are not in compliance with the residency requirement by March 26, 2008 under Charter Section 106(5b), the appointing authority has no alternative but to ask for your separation. Please submit proof of residency with the 'Setup and Change Personal Information' form to your department head as soon as you are in compliance. This proof includes, but is not limited to written proof of ownership such as signed contract for water billing or if renting a copy of lease or rental agreement.

If you have any questions regarding residency or there are extenuating circumstances that prevent you from meeting this requirement, please contact the Personnel Department immediately.

Sincerely,



Virginia Robinson
Personnel Director

cc: Labor Relations
Chief Matulavich

July 12, 2007

To: 

Subj: Non-compliance with employment residency requirements,
City of Akron Charter Section 106 (5b).

Dear: 

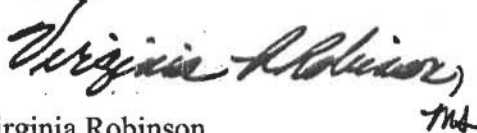
City of Akron Personnel Records indicate that you have not yet complied with the residency requirement of the City of Akron.

We have on file your signed statement, acknowledging you are aware that City of Akron Charter Section 106 (5b) requires you to become a resident within twelve months of your employment and to remain a resident during your employment.

If you are not in compliance with the residency requirement by March 26, 2008 under Charter Section 106(5b), the appointing authority has no alternative but to ask for your separation. Please submit proof of residency with the 'Setup and Change Personal Information' form to your department head as soon as you are in compliance. This proof includes, but is not limited to written proof of ownership such as signed contract for water billing or if renting a copy of lease or rental agreement.

If you have any questions regarding residency or there are extenuating circumstances that prevent you from meeting this requirement, please contact the Personnel Department immediately.

Sincerely,



Virginia Robinson
Personnel Director

cc: Labor Relations
Chief Matulavich

Suite 100 / CitiCenter Building / 146 South High Street / Akron, OH 44308 - 1421
Telephone 330-375-2720 / Fax 330-375-2299 / e-mail: Employment@ci.akron.oh.us
Virginia R. Robinson / Personnel Director
Sidney C. Foster, Jr., President / Stephen A. Stock, Member



April 16, 2007

To: [REDACTED]

Subj: Non-compliance with employment residency requirements,
City of Akron Charter Section 106 (5b).

Dear: [REDACTED]

City of Akron Personnel Records indicate that you have not yet complied with the residency requirement of the City of Akron.

We have on file your signed statement, acknowledging you are aware that City of Akron Charter Section 106 (5b) requires you to become a resident within twelve months of your employment and to remain a resident during your employment.

If you are not in compliance with the residency requirement by March 26, 2008 under Charter Section 106(5b), the appointing authority has no alternative but to ask for your separation. Please submit proof of residency with the 'Setup and Change Personal Information' form to your department head as soon as you are in compliance. This proof includes, but is not limited to written proof of ownership such as signed contract for water billing or if renting a copy of lease or rental agreement.

If you have any questions regarding residency or there are extenuating circumstances that prevent you from meeting this requirement, please contact the Personnel Department immediately.

Sincerely,

Virginia Robinson
mt

Virginia Robinson
Personnel Director

cc: Labor Relations
Chief Matulavich

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION
FROM

10/1/19 TO 9/30/20

MERIT

INCREASE DATE 3/28/11

RETURN ORIGINAL TO
PERSONNEL DEPARTMENT BY

10/31/

PLEASE USE #2 PENCIL

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TYPE OF EVALUATION

| STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER |
|--------------------------|--|---------------------------|--------------------------|
| INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ITEMS

MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

FACTORS

YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

1. MARK PERFORMANCE, IN
ITEMS WHICH ARE JOB-
RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS
WHICH ARE NOT JOB-
RELATED3. EVALUATE PERFORMANCE BY
BLACKENING IN BOX WITH A #2
PENCIL. DO NOT ERASE. IF A
CORRECTION IS NECESSARY OBTAIN
A NEW FORM FROM THE PERSONNEL
DEPARTMENT.

60 = UNSATISFACTORY
 70 = IMPROVEMENT NEEDED
 80 = SATISFACTORY
 90 = VERY GOOD
 95 = OUTSTANDING

- ☒ ACCURACY ☒ JUDGEMENT
☒ THOROUGHNESS ☒ WRITTEN EXPRESSION
☒ NEATNESS OF WORK PRODUCT ☒ ORAL EXPRESSION
☒ AMOUNT OF WORK ACCOMPLISHED
☒ COMPLETION OF WORK ON SCHEDULE
☒ ADHERENCE TO WORKING HOURS ☒ AVAILABILITY AS REFLECTED BY
 FREQUENCY OF ABSENCE AMOUNT OF TIME ABSENT
☒ DILIGENCE, EFFORT ☒ INITIATIVE
☒ COMPLIANCE WITH INSTRUCTIONS ☒ CARE OF EQUIPMENT, MATERIAL
 OR OBJECTIVES ☒ ORGANIZATION OF WORK
☒ OBSERVANCE OF WORK ☒ CONDUCT WITH PUBLIC
 RULES, SAFETY ☒ PERSONAL APPEARANCE & CARE
☒ CONDUCT & COOPERATION ☐ EVALUATING PERFORMANCE
 WITH SUPERVISION ☐ FAIRNESS, IMPARTIALITY,
☒ CONDUCT & COOPERATION ☐ LEADERSHIP
 WITH CO-WORKERS
☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

QUALITY
OF WORKEVALUATOR 1
EVALUATOR 2QUANTITY
OF WORKEVALUATOR 1
EVALUATOR 2

ATTENDANCE

EVALUATOR 1
EVALUATOR 2WORK
HABITSEVALUATOR 1
EVALUATOR 2RELATIONSHIP
WITH OTHERSEVALUATOR 1
EVALUATOR 2SUPERVISORY
SKILLS

(LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT
 HE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.
 answered 1616 calls for service and of those calls, had 253 self-initiated stops. is thorough an

responsive to neighborhood issues and complaints. He knows the problem areas and repeat offenders in his district and work
 to solve those problems. filled in as an FTO on numerous occasions and could be relied on to properly train the rooki
 he was assigned. He makes good decisions and needs little supervision. Shift Supervisors recognized for his action
 multiple times this grading period. Of those, one involved the successful recovery of a missing 4 year old child who ha
 wandered away from his home. had no call-offs this grading period.. my

5. SIGNATURE
OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT
AND EQUITABILITY:

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
 THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

DATE

SIGNATURE OF DEPARTMENT HEAD

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE

AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE
 SHOWS THAT YOU HAVE RECEIVED A COPY
 OF THE REPORT AND THAT THE EVALUATION
 WAS DISCUSSED WITH YOU; IT DOES NOT
 MEAN YOU AGREE.

EMPLOYEE PERFORMANCE EVALUATION REPORT

| | | | |
|--------------------------------------|--|------------------------------|---|
| EMPLOYEE NAME [REDACTED] | | DIVISION POLICE UNIFORMED | CLASS TITLE POLICE OFFICER |
| EVALUATION FROM 6/1/19 TO 9/30/19 | | MERIT INCREASE DATE | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/30/19 |
| EVALUATOR 1 ID [REDACTED] | | EVALUATOR 2 ID [REDACTED] | |

PLEASE USE #2 PENCIL

| | | | |
|---|--|---|---|
| ITEMS | MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) | FACTORS | YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION | |
| <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE | | <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | |
| <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY | | <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK | |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS | | <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE | |
| <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | |
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | |
| QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |
| QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |
| ATTENDANCE EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |
| WORK HABITS EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |
| RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 95 | |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. and his partner work Car 17 and he answered 722 calls for service which is the 23rd most of the shift. Of those

calls, [REDACTED] had 121 self-initiated stops which ranked 30th on the shift. While the amount of calls may not be near the top,

[REDACTED] is thorough and responsive to neighborhood issues and complaints. The amount of time devoted to solving problems

results in knowledge of the people and problems in the district. [REDACTED] makes good decisions and requires little supervision.

[REDACTED] had no call-offs this grading period.

| | |
|---|--|
| 5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | |
| EVALUATOR 1 SIGNATURE [REDACTED] DATE 10/30/19 | EVALUATOR 2 SIGNATURE [REDACTED] DATE 11/1/19 |
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY: | |
| SIGNATURE OF REVIEWER [REDACTED] DATE 11/1/19 | SIGNATURE OF DEPARTMENT HEAD [REDACTED] DATE 11/1/19 |
| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] DATE 11/1/19 SIGNATURE AND DATE [REDACTED] | |

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

EMPLOYEE PERFORMANCE EVALUATION REPORT

| | | | |
|------------------------------------|--|------------------------------|--|
| EMPLOYEE NAME [REDACTED] | | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 10/1/18 TO 3/31/19 | | MERIT INCREASE DATE 3/26/11 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19 |

PLEASE USE #2 PENCIL

| | | | | | |
|---------------------------|--------------------|--|---------------------------|------------------|------------------------------|
| EMPLOYEE ID [REDACTED] | TYPE OF EVALUATION | | | | EVALUATOR 1 ID [REDACTED] |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | |
| | INTERIM | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | |
| | 6-MONTH | | | | |

| | | | |
|---|--------------------------------|--|----------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | |
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | |
| | | QUALITY OF WORK | EVALUATOR 1 EVALUATOR 2 |
| | | QUANTITY OF WORK | EVALUATOR 1 EVALUATOR 2 |
| | | ATTENDANCE | EVALUATOR 1 EVALUATOR 2 |
| | | WORK HABITS | EVALUATOR 1 EVALUATOR 2 |
| | | RELATIONSHIP WITH OTHERS | EVALUATOR 1 EVALUATOR 2 |
| | | SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 EVALUATOR 2 |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] is a competent, professional police officer. He demonstrates good judgement and makes reasonable decisions. He performs extremely well in stressful situations. [REDACTED] initiated a Sig. 39 of a suspicious vehicle and arrested Rodney Williams who is a Cease Fire Target [REDACTED]. He did a great job with an 18 yr. old DD victim and took the time to follow up with CSB the next day to ensure her safety [REDACTED]. He took the time to follow up on a Robbery victim and went to the hospital and developed a suspect ([REDACTED] had no call offs this period.)

| | | | | |
|---------------------------|---|-----------------------------|------------------|-------------------------------------|
| 5. SIGNATURE OF EVALUATOR | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | | | |
| | EVALUATOR 1 SIGNATURE [REDACTED] | EMPLOYEE ID # [REDACTED] | DATE 04/24/19 | EVALUATOR 2 SIGNATURE [REDACTED] |

| | | | |
|---|-----------------------------|--|---|
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. | | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION | |
| SIGNATURE OF REVIEWER [REDACTED] | EMPLOYEE ID # [REDACTED] | DATE 5/6/19 | SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE [REDACTED] |

| | | | |
|---|--|---|--|
| 7. REPORT DISCUSSION | | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. | |
| REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE: [REDACTED] 05/17/19 | | [REDACTED] | |

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION FROM

4/1/18

TO

9/30/18

MERIT INCREASE DATE

3/26/11

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

10/31/18

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION

| STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER |
|---------|------------------|-------------|---------------|
| INTERIM | 45 DAY | 45 DAY | 45 DAY |
| 6-MONTH | 90 DAY | 90 DAY | 90 DAY |
| | 180 DAY | FINAL | |
| | 270 DAY | | |
| | | | |

EVALUATOR ID

ITEMS

MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS

YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:

- ☒ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
 70 = IMPROVEMENT NEEDED
 80 = SATISFACTORY
 90 = VERY GOOD
 95 = OUTSTANDING

- | | |
|---|---|
| <input type="checkbox"/> ACCURACY | <input checked="" type="checkbox"/> JUDGEMENT |
| <input type="checkbox"/> THOROUGHNESS | <input checked="" type="checkbox"/> WRITTEN EXPRESSION |
| <input type="checkbox"/> NEATNESS OF WORK PRODUCT | <input type="checkbox"/> ORAL EXPRESSION |
| <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED | |
| <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE | |
| <input type="checkbox"/> ADHERENCE TO WORKING HOURS | <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT |
| <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | |
| <input checked="" type="checkbox"/> DILIGENCE, EFFORT | <input checked="" type="checkbox"/> INITIATIVE |
| <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS | <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL |
| <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY | <input type="checkbox"/> ORGANIZATION OF WORK |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION | <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS | <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE |
| <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING | <input type="checkbox"/> EVALUATING PERFORMANCE |
| <input type="checkbox"/> TRAINING & INSTRUCTING | <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP |
| <input type="checkbox"/> DISCIPLINARY CONTROL | |

QUALITY OF WORK

EVALUATOR 1
EVALUATOR 2

QUANTITY OF WORK

EVALUATOR 1
EVALUATOR 2

ATTENDANCE

EVALUATOR 1
EVALUATOR 2

WORK HABITS

EVALUATOR 1
EVALUATOR 2

RELATIONSHIP WITH OTHERS

EVALUATOR 1
EVALUATOR 2

SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

performs his duties well with minimal supervision. He makes sound decisions in absence of detailed instruction

or direct supervision. Keeps supervisor informed on status of his calls. He uses good judgement and a common sense approach

to situations. He handles himself well in stressful situations and does not allow situations to further deteriorate.

anticipates situations and prepares for them. expresses himself well both verbally and in writing. He produces

complete, accurate reports. quality of work is reflected by his actions viewed on BWC (1 & 1

had 1 call off this evaluation. 801122

5. SIGNATURE

OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: [Redacted] DATE: 10/18/18
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: [Redacted] DATE: 10/12/18

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
 THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: [Redacted] DATE: 10/24/18

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] AND DATE: 10/24/18

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

10-24-18

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION
FROM

4/1/17

TO

2/30/17

MERIT

INCREASE DATE 3/28/11

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY 10/31/17

PLEASE USE #2 PENCIL

EMPLOYEE
ID

TYPE OF EVALUATION

| STD | EMPLOY PROBATION | | | | SEASON TEMP | | | PROM TRANSFER | |
|---------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| INTERIM | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY | 90 DAY | FINAL | 45 DAY | 90 DAY |
| 6-MONTH | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

EMPLOYEE
ID

ITEMS

MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

FACTORS

YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS

WHICH ARE NOT JOB-RELATED

- ☐ ACCURACY
☐ THOROUGHNESS
☐ NEATNESS OF WORK PRODUCT

- ☐ JUDGEMENT
☐ WRITTEN EXPRESSION
☐ ORAL EXPRESSION

- ☐ AMOUNT OF WORK ACCOMPLISHED
☐ COMPLETION OF WORK ON SCHEDULE

- ☐ ADHERENCE TO WORKING HOURS
☐ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE

- ☐ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

- ☐ DILIGENCE, EFFORT
☐ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
☐ OBSERVANCE OF WORK RULES, SAFETY

- ☐ INITIATIVE
☐ CARE OF EQUIPMENT, MATERIAL
☐ ORGANIZATION OF WORK

- ☐ CONDUCT & COOPERATION WITH SUPERVISION
☐ CONDUCT & COOPERATION WITH CO-WORKERS

- ☐ CONDUCT WITH PUBLIC
☐ PERSONAL APPEARANCE & CARE

- ☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

- ☐ EVALUATING PERFORMANCE
☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY

70 = IMPROVEMENT NEEDED

80 = SATISFACTORY

90 = VERY GOOD

95 = OUTSTANDING

QUALITY OF WORK

EVALUATOR 1
EVALUATOR 2

QUANTITY OF WORK

EVALUATOR 1
EVALUATOR 2

ATTENDANCE

EVALUATOR 1
EVALUATOR 2

WORK HABITS

EVALUATOR 1
EVALUATOR 2

RELATIONSHIP WITH OTHERS

EVALUATOR 1
EVALUATOR 2

SUPERVISORY SKILLS

(LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

_____ uses good sound judgement. He is a very competent, professional police officer. _____ perform

extremely well in stressful situations. He takes the initiative and makes the most appropriate course of action _____

anticipates situations and prepares for them. _____ performs his duties willingly. He is very proactive in his approach

to police work and demonstrates on a nightly basis how to perform his duties competently. During an investigation of shot

fired _____ was able to locate the suspect, make an arrest and recover the gun. _____ produces complete

accurate reports. He requires minimal supervision. _____ had 1 call off this grading period.

5. SIGNATURE

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

OF EVALUATOR

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID

DATE

6. REVIEWER:

I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
 THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION FROM

10/1/16 TO 3/31/17

MERIT

INCREASE DATE 3/26/17

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY 4/30/17

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION

| STD | EMPLOY PROBATION | | | | SEASON TEMP | | | PROM TRANSFER | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| INTERIM 6-MONTH | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY | 90 DAY | FINAL | 45 DAY | 90 DAY |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

EVALUATOR 1 ID

ITEMS

MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

FACTORS

YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS

WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY

70 = IMPROVEMENT NEEDED

80 = SATISFACTORY

90 = VERY GOOD

95 = OUTSTANDING

- ☒ ACCURACY ☒ JUDGEMENT
☒ THOROUGHNESS ☒ WRITTEN EXPRESSION
☒ NEATNESS OF WORK PRODUCT ☒ ORAL EXPRESSION
☒ AMOUNT OF WORK ACCOMPLISHED
☒ COMPLETION OF WORK ON SCHEDULE
☒ ADHERENCE TO WORKING HOURS ☐ AVAILABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
☒ DILIGENCE, EFFORT ☒ INITIATIVE
☒ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES ☒ CARE OF EQUIPMENT, MATERIAL
☒ OBSERVANCE OF WORK RULES, SAFETY ☒ ORGANIZATION OF WORK
☒ CONDUCT & COOPERATION WITH SUPERVISION ☒ CONDUCT WITH PUBLIC
☒ CONDUCT & COOPERATION WITH CO-WORKERS ☒ PERSONAL APPEARANCE & CARE
☐ PLANNING, ORGANIZING, ASSIGNING ☐ EVALUATING PERFORMANCE
☐ TRAINING & INSTRUCTING ☐ FAIRNESS, IMPARTIALITY, LEADERSHIP
☐ DISCIPLINARY CONTROL

QUALITY OF WORK

EVALUATOR 1

EVALUATOR 2

QUANTITY OF WORK

EVALUATOR 1

EVALUATOR 2

ATTENDANCE

EVALUATOR 1

EVALUATOR 2

WORK HABITS

EVALUATOR 1

EVALUATOR 2

RELATIONSHIP WITH OTHERS

EVALUATOR 1

EVALUATOR 2

SUPERVISORY SKILLS

(LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1

EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

is active in his district, and knows the community well. works well with others on the shift, and worked with various partners throughout this evaluation period without issue. continued to display professionalism and dedication while his regular partner was on a special assignment. responded to 1,085 calls without a single complaint and was responsible for 28 arrests (11 felonies) this period. had one call-off.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

6. REVIEWER AND EQUITY

I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
 THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OF

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

DATE

| | | | |
|-----------------------------|---------------|--------------------------------|--|
| EMPLOYEE NAME [REDACTED] | | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 4/1/10 | TO 9/30/10 | MERIT INCREASE DATE 3/25/11 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/10 |

PLEASE USE #2 PENCIL

| | | | | | |
|---------------------------|-----------------------|---|---|---|------------------------------|
| EMPLOYEE ID [REDACTED] | TYPE OF EVALUATION | | | | EVALUATOR 1 ID [REDACTED] |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | |
| | INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | |
| | <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | |

| | | | |
|---|--|---|---|
| ITEMS | MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) | FACTORS | YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | |
| 3. EVALUATE PERFORMANCE BY: BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | |
| QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| ATTENDANCE EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| WORK HABITS EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2 | | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[REDACTED] does a solid job in his assignment in Car 17. [REDACTED] served as a Field Training Officer this rating period, and did a good job of training the rookie officer assigned to him. [REDACTED] arrests of Rodney Thompson for CCW (Gun), and of Joshua Kramer for Possession of Meth are examples of his work product. [REDACTED] knows many of the citizens in his district. [REDACTED] had zero call-offs this period.

| | | | | |
|---------------------------|---|-----------------------|------------------|-------------------------------------|
| 5. SIGNATURE OF EVALUATOR | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | | | |
| | EVALUATOR 1 SIGNATURE [REDACTED] | EMPLOYEE ID # 1165 | DATE 10-27-16 | EVALUATOR 2 SIGNATURE [REDACTED] |

| | | | | |
|---|---|----------------------|-----------------|--|
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUIVABILITY. | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION | | | |
| | SIGNATURE OF REVIEWER [REDACTED] | EMPLOYEE ID # 771 | DATE 11-2-16 | SIGNATURE OF DEPARTMENT HEAD [REDACTED] |

| | |
|---|---|
| 7. REPORT DISCUSSION | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. |
| REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE | [REDACTED] |

EMPLOYEE PERFORMANCE EVALUATION REPORT

| | | | | | |
|--|--|-------------------------------|--|--|--|
| EMPLOYEE NAME <div style="background-color: black; width: 100px; height: 1.2em;"></div> | | DIVISION: Police Uniformed | | CLASS TITLE Police Officer | |
| EVALUATION FROM 10/1/15 TO 3/31/16 | | MERIT INCREASE DATE 3/26/11 | | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/16 | |

PLEASE USE #2 PENCIL

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|--|
| E M P L O Y E E I D | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | E V A L U A T O R 1 I D |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

| TYPE OF EVALUATION | | | |
|--------------------|------------------|-------------|---------------|
| STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER |
| INTERIM | 45 DAY | 45 DAY | 45 DAY |
| 6-MONTH | 90 DAY | 90 DAY | 90 DAY |
| | 180 DAY | FINAL | |
| | 270 DAY | | |

| | | | |
|-------|--------------------------------|---------|-------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 |
|-------|--------------------------------|---------|-------------------------|

| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----|----|----|----|----|----|-----------------|-------------|--|--|--|--|--|-------------|--|--|--|--|------------------|-------------|--|--|--|--|--|-------------|--|--|--|--|------------|-------------|--|--|--|--|--|-------------|--|--|--|--|-------------|-------------|--|--|--|--|--|-------------|--|--|--|--|--------------------------|-------------|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|--|--|--|
| <input checked="" type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:10%;">60</th> <th style="width:10%;">70</th> <th style="width:10%;">80</th> <th style="width:10%;">90</th> <th style="width:10%;">95</th> </tr> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | 60 | 70 | 80 | 90 | 95 | QUALITY OF WORK | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | QUANTITY OF WORK | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | ATTENDANCE | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | WORK HABITS | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | RELATIONSHIP WITH OTHERS | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | |
| | 60 | 70 | 80 | 90 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALITY OF WORK | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUANTITY OF WORK | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTENDANCE | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK HABITS | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP WITH OTHERS | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

DOES A VERY SOLID JOB WORKING HIS DISTRICT IN A PROACTIVE MANNER. CONTRIBUTED IN THE ARREST OF DAVID ADRIAN AFTER A CAR CHASE/FOOT PURSUIT IN A STOLEN CAR. BECAUSE OF HIS THOROUGH INVESTIGATION, THEY WERE ABLE TO CHARGE THE SUSPECT WITH THE ACTUAL AUTO THEFT. HE WAS RECOGNIZED BY THE CHIEF OF CUYAHOGA FALLS PD FOR HIS ROLE IN ARRESTING A BANK ROBBER. HE HAD NO CALL-OFFS.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

JL [Signature] #1165 *04-27-16* *LT-1136* *4/27/16*

EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY.

Mg [Signature] 771 428-16

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

7. REPORT DISCUSSION TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

JL [Signature] #1165 *05-07-16*

SIGNATURE OF DEPARTMENT HEAD OR DATE

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION
FROM

4/1/2015 TO 9/30/2015

MERIT
INCREASE DATE

3/26/2011

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY 10/31/20

PLEASE USE #2 PENCIL

EMPLOYEE
ID

TYPE OF EVALUATION

| STD. | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER |
|-----------------------|---|---|---|
| INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY |
| <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |

EVALUATOR
ID

ITEMS

MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

FACTORS

YR: (1) (2) (3) (4) (5) (6) (7) (8) (9)

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-
RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS

WHICH ARE NOT JOB-
RELATED

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2
 PENCIL. DO NOT ERASE. IF A
 CORRECTION IS NECESSARY OBTAIN
 A NEW FORM FROM THE PERSONNEL
 DEPARTMENT.

60 = UNSATISFACTORY

70 = IMPROVEMENT NEEDED

80 = SATISFACTORY

90 = VERY GOOD

95 = OUTSTANDING

- ☒ ACCURACY ☐ JUDGEMENT
☒ THOROUGHNESS ☐ WRITTEN EXPRESSION
☐ NEATNESS OF WORK PRODUCT ☐ ORAL EXPRESSION
☒ AMOUNT OF WORK ACCOMPLISHED
☐ COMPLETION OF WORK ON SCHEDULE
☒ ADHERENCE TO WORKING HOURS ☐ AVAILABILITY AS REFLECTED BY
☐ DEPENDABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
☒ DILIGENCE, EFFORT ☐ INITIATIVE
☒ COMPLIANCE WITH INSTRUCTIONS ☒ CARE OF EQUIPMENT, MATERIAL
☐ OR OBJECTIVES ☐ ORGANIZATION OF WORK
☒ OBSERVANCE OF WORK ☐ CONDUCT WITH PUBLIC
☐ RULES, SAFETY ☐ PERSONAL APPEARANCE & CARE
☒ CONDUCT & COOPERATION ☐ EVALUATING PERFORMANCE
☐ WITH SUPERVISION ☐ FAIRNESS, IMPARTIALITY,
☐ CONDUCT & COOPERATION ☐ LEADERSHIP
☐ WITH CO-WORKERS
☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

QUALITY
OF WORKEVALUATOR 1
EVALUATOR 2QUANTITY
OF WORKEVALUATOR 1
EVALUATOR 2

ATTENDANCE

EVALUATOR 1
EVALUATOR 2WORK
HABITSEVALUATOR 1
EVALUATOR 2RELATIONSHIP
WITH OTHERSEVALUATOR 1
EVALUATOR 2SUPERVISORY
SKILLS

(LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS:

reports are thorough, neat and accurate. He writes and speaks well. His judgement is sound. [redacted] is diligent in answering calls for service and is professional in his dealings with citizens. He routinely backs up other officers. [redacted] is a member of our [redacted] He presents a neat and professional appearance and is well liked by his peers. [redacted] called off 1 time this period.

5. SIGNATURE

OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

11-2315

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
 THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE
 SHOWS THAT YOU HAVE RECEIVED A COPY
 OF THE REPORT AND THAT THE EVALUATION
 WAS DISCUSSED WITH YOU; IT DOES NOT
 MEAN YOU AGREE.

EMPLOYEE PERFORMANCE EVALUATION REPORT

| | | |
|---|-----------------------------------|--|
| EMPLOYEE NAME [REDACTED] | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 10/01/14 TO 03/31/15 | MERIT INCREASE DATE 03/26/2011 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/30/15 |

PLEASE USE #2 PENCIL

| | | | | |
|-------------------|-----------------------|--|---------------------------|-----------------------|
| EVALUATOR 1 ID | TYPE OF EVALUATION | | | |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER |
| | INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

EVALUATOR 2
ID

| | | | |
|---|--|--|--|
| ITEMS | MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) | FACTORS | YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG ✓ = STANDARD - = WEAK | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 |
| | | | 60 70 80 90 |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[REDACTED] has excellent oral and written communication skills. His reports are thorough and accurate. His judgement is sound. He is professional and methodical in handling calls. He stays informed of events in his district and routinely backs up other officers. [REDACTED] was chosen for additional training in [REDACTED] and often assists our Meth Team in operations and b.b. clean ups. [REDACTED] is well liked by his peers and supervisors. He always presents a neat and professional appearance. He had zero call offs this period.

| | |
|---------------------------|---|
| 5. SIGNATURE OF EVALUATOR | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. |
| <i>[Signature]</i> | 4-21-15 <i>[Signature]</i> |
| EVALUATOR 1 SIGNATURE | EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE |

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

[Signature] 7/1 8-4-15

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:
SIGNATURE *[Signature]* 8/5/15
AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

8-5-15

AND DATE

Employee Performance Evaluation Report

6-18-15

Begin date: 10-01-14

End date: 03-31-15

Officer:

Employee ID #:

Quality of Work 95 - [REDACTED] has excellent communication skills. He speaks well. His reports are thorough, accurate and neat. He possesses sound judgment and can be trusted in all situations.


Quantity of Work 90 - [REDACTED] answered 883 calls for service and wrote 28 reports this rating period. Additionally he made 19 total arrests and issued 17 traffic citations. He completes his work on time without reminders.

Attendance 95 - [REDACTED] did not call off this rating period.

Work habits 95 - [REDACTED] displays initiative and stays informed of events happening in his district. He answers calls in a methodical and professional manner. He routinely backs up other officers and volunteers for calls in other districts. He was chosen for additional training in Meth Lab interdictions and clean ups this rating period. He is on the [REDACTED] team. He assisted with training rookies this rating period.

Relationship with Others 95 -- [REDACTED] always presents a neat and professional appearance. He is well liked by his peers and respected by supervisors. He treats citizens fairly and with respect. He had no citizen complaints this period.

Respectfully submitted;


Sgt. G. R. Garrett
Evaluator #1

| | | |
|--------------------------------------|--------------------------------|---|
| EMPLOYEE NAME [REDACTED] | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 04/01/14 TO 09/30/14 | MERIT INCREASE DATE 03/26/2011 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/14 |

PLEASE USE #2 PENCIL

| | | | | | | | |
|--|------------|-----------------------|---|---|---|--|------------|
| E M P L O Y E E I D | [REDACTED] | TYPE OF EVALUATION | | | | E V A L U A T O R 1 I D | [REDACTED] |
| | | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | | |
| | | INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | | |
| | | <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | | |

| | | | |
|---|--------------------------------|---|-------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION | |
| <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE | | 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | |
| <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | | <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT | |
| <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY | | <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK | |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS | | <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE | |
| <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | |
| | | QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | |
| | | QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | |
| | | ATTENDANCE EVALUATOR 1 EVALUATOR 2 | |
| | | WORK HABITS EVALUATOR 1 EVALUATOR 2 | |
| | | RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | |
| | | SUPERVISORY SKILLS EVALUATOR 1 EVALUATOR 2 (LEAVE BLANK IF NOT APPLICABLE) | |
| | | 60 | 70 |
| | | 80 | 90 |
| | | 95 | OUTSTANDING |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[REDACTED] paperwork is neat, thorough and accurate. He speaks well and has sound judgement. During this rating period [REDACTED] answered 1,227 calls for service, took 27 reports and made 25 arrests. He routinely volunteers for calls in other districts. He is well liked by his peers and respected by supervisors. He always presents a neat and professional appearance. [REDACTED] called off one time this period.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE [REDACTED] 10-16-14 DATE EVALUATOR 2 SIGNATURE [REDACTED] 10-20-14 DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER [REDACTED] 771 10-29-14 DATE

SIGNATURE OF DEPARTMENT [REDACTED] DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE [REDACTED] 11-2-14 AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[REDACTED] 11-2-14

| | | | | | |
|--------------------------------------|--|--------------------------------|--|---|--|
| EMPLOYEE NAME [REDACTED] | | DIVISION Police Uniformed | | CLASS TITLE Police Officer | |
| EVALUATION FROM 10/01/13 TO 03/31/14 | | MERIT INCREASE DATE 03/26/2011 | | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/30/14 | |

| | | | | | | | |
|--|--|--|---|---|---|--|--|
| E M P L O Y E E I D | | TYPE OF EVALUATION | | | | E V A L U A T O R 1 I D | |
| | | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | | |
| | | INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | | |
| | | <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | | |

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|-------|--------------------------------|---------|-------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 |
|-------|--------------------------------|---------|-------------------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">QUALITY OF WORK</td> <td style="width:10%;">EVALUATOR 1</td> <td style="width:10%;">EVALUATOR 2</td> <td style="width:10%;">60</td> <td style="width:10%;">70</td> <td style="width:10%;">80</td> <td style="width:10%;">90</td> <td style="width:10%;">95</td> </tr> <tr> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td><input 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type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | QUALITY OF WORK | EVALUATOR 1 | EVALUATOR 2 | 60 | 70 | 80 | 90 | 95 | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | QUANTITY OF WORK | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ATTENDANCE | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | WORK HABITS | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | RELATIONSHIP WITH OTHERS | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Did Not Have Any Call Offs This Rating Period Conducts Solid And Comprehensive Initial Investigation And Submits Detailed And Thorough Paperwork. He Responded To Well Over One Thousand Calls For Service Which Resulted In Good Totals. He Exercises Good Judgement And Remains Professional And Calm. He Gets Along Well With Other </div> |
| QUALITY OF WORK | EVALUATOR 1 | EVALUATOR 2 | 60 | 70 | 80 | 90 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUANTITY OF WORK | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTENDANCE | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK HABITS | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP WITH OTHERS | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | EVALUATOR 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------------------|---|---------------|-----------------------|---------------|
| 5. SIGNATURE OF EVALUATOR | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | | | |
| | SGT [Signature] 959 | 4-28-14 | [Signature] | 5/13/14 |
| | EVALUATOR 1 SIGNATURE | EMPLOYEE ID # | EVALUATOR 2 SIGNATURE | EMPLOYEE ID # |

| | |
|--|--|
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY: <div style="border: 1px solid black; padding: 5px; min-height: 50px;"> [Signature] 771 5-12-14 </div> | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION |
| SIGNATURE OF REVIEWER EMPLOYEE ID # DATE | SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE |

| | |
|---|--|
| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE SGT [Signature] 959 5-17-14 AND DATE | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. <div style="border: 1px solid black; padding: 5px; min-height: 50px;"> [Signature] 5-17-14 </div> |
|---|--|

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC

| | | | |
|--------------------------------------|--|--------------------------------|---|
| NAME [REDACTED] | | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 04/01/13 TO 09/30/13 | | MERIT INCREASE DATE 03/26/2011 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/13 |

| | | | | | |
|---------------------------|--------------------|--|---------------------------|------------------|----------------------------|
| EMPLOYEE ID [REDACTED] | TYPE OF EVALUATION | | | | EVALUATOR ID [REDACTED] |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | |
| | INTERIM | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | |
| | 6-MONTH | | | | |

| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|---|-------------------------|----|----|----|----|----|---|-----------------|-------------|--|--|--|--|--|-------------|--|--|--|--|------------------|-------------|--|--|--|--|--|-------------|--|--|--|--|------------|-------------|--|--|--|--|--|-------------|--|--|--|--|-------------|-------------|--|--|--|--|--|-------------|--|--|--|--|--------------------------|-------------|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|--|--|--|--|-------------|--|--|--|--|
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. See attached confidential. [Signature] | | <table border="1"> <tr> <th></th> <th>60</th> <th>70</th> <th>80</th> <th>90</th> <th>9</th> </tr> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | 60 | 70 | 80 | 90 | 9 | QUALITY OF WORK | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | QUANTITY OF WORK | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | ATTENDANCE | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | WORK HABITS | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | RELATIONSHIP WITH OTHERS | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | | SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | | | | | | EVALUATOR 2 | | | | |
| | 60 | 70 | 80 | 90 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALITY OF WORK | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUANTITY OF WORK | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTENDANCE | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK HABITS | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP WITH OTHERS | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) | EVALUATOR 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EVALUATOR 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] DATE: 10-13-13

EMPLOYEE ID #: [REDACTED]

EVALUATOR 2 SIGNATURE: [Signature] DATE: 10-31-13

EMPLOYEE ID #: [REDACTED]

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY.

SIGNATURE OF REVIEWER: [Signature] DATE: 10-31-13

EMPLOYEE ID #: [REDACTED]

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERM.

☐ ORIGINAL APPOINTMENT ☐ PROMOTION

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] DATE: 11-2-13

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

REVISED DATE - MAY 2005

DIVISION COPY

Employee Performance Evaluation Report

10-13-13

Begin date: 4-1-13

End date: 9-30-13

Officer:

Employee ID# :



Quality of Work 90 - [REDACTED] consistently delivers thorough and timely paperwork. His reports are neat and rarely need correction. He displays sound judgment and always seeks improvement.


Quantity of Work 95 - [REDACTED] is among the top performers in sector three this rating period. He placed first in total calls taken and second in citations issued. He completed the second most FI cards and had the third most total arrest.

Attendance 90 - [REDACTED] called off one time this rating period.

Work habits 95 - [REDACTED] answers calls in a timely and professional manner. He routinely backs up other officers. Between dispatched calls he takes initiative and seeks out work. He often helps out [REDACTED] team when they are called out to clean up a lab.

Relationship with Others 90 - [REDACTED] always presents a neat and professional appearance. He gets along well with his peers and supervisors as well. He treats citizens with respect.

Respectfully submitted;


Sgt. G. R. Garrett
Evaluator #1

*File 924
10/30/13*



EMPLOYEE PERFORMANCE EVALUATION REPORT

| | | |
|--------------------------------------|--------------------------------|---|
| EMPLOYEE NAME [REDACTED] | DIVISION Police Uniformed | CLASS TITLE Police Officer |
| EVALUATION FROM 10/01/12 TO 03/31/13 | MERIT INCREASE DATE 03/26/2011 | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/30/13 PLEASE USE #2 PENCIL |

| | | | | | |
|---------------------------|--------------------------|--|---------------------------|--------------------------|------------------------------|
| EMPLOYEE ID [REDACTED] | TYPE OF EVALUATION | | | | EVALUATOR 1 ID [REDACTED] |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | |
| | INTERIM 6-MONTH | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|---|--|
| ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS YR: 0 1 2 3 4 5 6 7 8 9 |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL |
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING |
| QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| ATTENDANCE EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| WORK HABITS EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 95 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

See Attached Narrative

DPK959

| | | | | |
|---------------------------|---|-----------------------------|-----------------|-------------------------------------|
| 5. SIGNATURE OF EVALUATOR | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | | | |
| | EVALUATOR 1 SIGNATURE SGT D. K. 959 | EMPLOYEE ID # [REDACTED] | DATE 4-27-13 | EVALUATOR 2 SIGNATURE [REDACTED] |

| | | | | |
|---|---|-----------------------------|-----------------|--|
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY: | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION | | | |
| | SIGNATURE OF REVIEWER [REDACTED] | EMPLOYEE ID # [REDACTED] | DATE 4/30/13 | SIGNATURE OF DEPARTMENT HEAD [REDACTED] |

| | |
|---|---|
| 7. REPORT DISCUSSION | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. |
| REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE SGT D. K. 959 | DATE 5-4-13 |

Employee Performance Evaluation Report**04/12/2013****Begin date:** 10/01/2012**End date:** 03/31/2013**Officer:****Employee ID#:**

Quality of Work: 90 [REDACTED] Officer conducts solid and comprehensive initial investigations and submits clear and accurate paperwork. He displays a conscientious attitude throughout his approach to all the calls to which he handles, and he continues to improve.

Quantity of Work: 95 [REDACTED] responded to well over twelve hundred calls for service this rating period, which places him first among the officers under my supervision and also among the leaders on the shift and the department as a whole. While handling that many calls, he made nine felony arrests, eighteen misdemeanor arrests, issued thirty-eight traffic citations, and completed fifty-six Field Interview cards and fifty general incident reports and one traffic accident report.

Attendance: 90 [REDACTED] had one call off during this rating period.

Work habits: 95 [REDACTED] is a consistent, dependable and high level performer. He and his partner work a jump car that patrols two distinctly different districts in the city, yet he approaches the problems related to each with the same energy and productivity. He regularly volunteers for calls dispatched as 'any car in the area' to address an 'in progress' incident, often postponing paperwork that can be finished at a later time. He also provides valuable and necessary back-up to other units that are responding to dangerous or volatile situations in his, or adjoining, districts. He stays constantly busy with calls for service or self initiated proactive work. A couple of examples of his outstanding work habits include: He and his current partner were involved in one of the largest, uniform division, narcotics, weapons and cash, arrests and seizures, of the rating period. He and his partner were checking area parking lots in his assigned district for possible drug trafficking when they discovered and arrested a pair of individuals that possessed over a pound of narcotics, hundreds of illegal prescription medications, a loaded firearm and nearly twenty thousand dollars in cash. He and his partner were also involved in the successful investigation of a Felonious Assault/ stabbing incident. During the early interview process of a witness, they were able to, develop a suspect, establish telephone contact with him, and convince him to turn himself in police, which he did.

Relationship with Others: 95 [REDACTED] exhibits a calm professional demeanor and readily gets along with others. He interacts well with supervision, co-workers and citizens. His composed attitude continues to make him effective in dealings with victims, witnesses and often suspects. He is a well respected member of the shift. A very sincere letter of appreciation was sent from a citizen, commending [REDACTED] and his partner for finding and returning the citizen's stolen pet.

Respectfully submitted

SGT D Kelly 959 [REDACTED]

Sgt D Kelly 959**Evaluator #1**

[REDACTED]

| | | | | | |
|--------------------------------------|--|--------------------------------|--|---|--|
| EMPLOYEE NAME [REDACTED] | | DIVISION Police Uniformed | | CLASS TITLE Police Officer | |
| EVALUATION FROM 04/01/12 TO 09/30/12 | | MERIT INCREASE DATE 03/26/2011 | | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/12 | |

| | | | | | |
|---------------------------|-----------------------|---|---|---|---------------------------|
| EVALUATOR 1 ID [REDACTED] | TYPE OF EVALUATION | | | | EVALUATOR 2 ID [REDACTED] |
| | STD | EMPLOY PROBATION | SEASON TEMP | PROM TRANSFER | |
| | INTERIM | 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY | |
| | <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> | |

| | | | |
|---|--|--|--|
| ITEMS | MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) | FACTORS | YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | |
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | |
| | | QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | ATTENDANCE EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | WORK HABITS EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | SUPERVISORY SKILLS EVALUATOR 1 EVALUATOR 2 (LEAVE BLANK IF NOT APPLICABLE) | 60 70 80 90 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. <div style="font-size: 1.2em; margin-top: 10px;">See attached confidential. 10-10-12</div> | | | |
| 5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 1097 </div> <div> DATE: 10-31-12 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: [REDACTED] </div> </div> | | | |
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 </div> <div> DATE: 11-2-12 </div> </div> | | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION | |
| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE: [Signature] AND DATE: 11-7-12 | | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE. SIGNATURE: [Signature] DATE: 11-7-12 | |

Employee Performance Evaluation Report

10-26-2012

Evaluation from: Sgt. D. Long-1097

Officer: [REDACTED]

Employe [REDACTED]

Quality of Work 95

[REDACTED] reports are detailed, accurate, clear and concise. I almost never find items that need correction in his work product. His ROI's are laid out properly, and he uses paragraphs and spacing to make his reports easier to read.

Quantity of Work 95

During this grading period [REDACTED] answered 1373 calls for service, wrote 55 citations, made 10 felony arrests, and 40 misdemeanor arrests. This was the highest number of calls answered in the sector.

Attendance 90

[REDACTED] had one (1) call-off during the grading period.

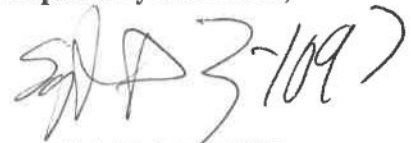
Work habits 95

[REDACTED] is a very active Officer, working a very active district. He and his partner recovered at least three guns during this grading period, including one shotgun from a suspect that ran from them. He was present on the scene of at least three of the six shootings that occurred in Sector Four during this grading period. While on these highly charged, dynamic scenes I could always count on him to have the scene handled, protecting evidence, and containing witnesses, victims, and potential suspects.

Relationship with Others 80

[REDACTED] has good interactions with supervision and with the public. He had no substantiated complaints during this grading period.

Respectfully submitted;



Sgt. D. Long-1097

CTB 1053
10/31/12

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE:

Police Uniformed

Police Officer

EVALUATION
FROM

10/01/11

TO 03/31/12

MERIT

INCREASE DATE

03/26/2011

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY

04/30/12

TYPE OF EVALUATION

| STD | EMPLOY PROBATION | | | | SEASON TEMP | | | PROM TRANSFER | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| INTERIM | 6-MONTH | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY | 90 DAY | FINAL | 45 DAY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS

MO: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

FACTORS

YR: ☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS

WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY

70 = IMPROVEMENT NEEDED

80 = SATISFACTORY

90 = VERY GOOD

95 = OUTSTANDING

- ☐ ACCURACY
☒ THOROUGHNESS
☒ NEATNESS OF WORK PRODUCT

- ☐ JUDGEMENT
☒ WRITTEN EXPRESSION
☒ ORAL EXPRESSION

QUALITY OF WORK

EVALUATOR 1
EVALUATOR 2

- ☒ AMOUNT OF WORK ACCOMPLISHED
☒ COMPLETION OF WORK ON SCHEDULE

QUANTITY OF WORK

EVALUATOR 1
EVALUATOR 2

- ☒ ADHERENCE TO WORKING HOURS
☒ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE

- ☐ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

ATTENDANCE

EVALUATOR 1
EVALUATOR 2

- ☒ DILIGENCE, EFFORT
☒ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
☒ OBSERVANCE OF WORK RULES, SAFETY

- ☒ INITIATIVE
☒ CARE OF EQUIPMENT, MATERIAL
☒ ORGANIZATION OF WORK

WORK HABITS

EVALUATOR 1
EVALUATOR 2

- ☒ CONDUCT & COOPERATION WITH SUPERVISION
☒ CONDUCT & COOPERATION WITH CO-WORKERS

- ☒ CONDUCT WITH PUBLIC
☒ PERSONAL APPEARANCE & CARE

RELATIONSHIP WITH OTHERS

EVALUATOR 1
EVALUATOR 2

- ☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

- ☐ EVALUATING PERFORMANCE
☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

See attached

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY

AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE

AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE

Employee Performance Evaluation Report

04/13/12

Evaluation from: Sgt. D. Long-1097

Officer: [REDACTED]

Employee [REDACTED]

Quality of Work 95

I reviewed all of [REDACTED] reports for the grading period. His reports are clear, concise, accurate and detailed. I only had to make one correction on his reports during this grading period.

Quantity of Work 95

During this grading period [REDACTED] made eight (8) felony arrests, thirty-six (36) misdemeanor arrests, and wrote fifty-nine (59) citations. He answered 1313 calls for service, wrote 65 incident reports, and 169 field interrogation cards. He and his partner confiscated 5 guns, approximately 7 grams of crack cocaine, and 180 g of marijuana.

Attendance 90

[REDACTED] had one (1) call off during this grading period.

Work habits 95

During this grading period [REDACTED] once again demonstrated great professionalism and courage. He and his partner arrested a group of Robbery suspects after they fled on foot ([REDACTED]). He continually demonstrates excellent tactics when responding to calls, and I can count on him to have a serious crime scene locked down, witnesses detained, before I even get on scene. He and his partner have demonstrated this numerous times at shooting scenes during this grading period.

Relationship with Others 80

[REDACTED] gets along well with the public, other Officers and with supervision. He has had no substantiated complaints during this grading period.

Respectfully submitted;

Sgt D Long-1097
Sgt. D. Long-1097

2518
4-24-12

| | | | | | |
|--------------------------------------|--|--------------------------------|--|---|--|
| EMPLOYEE NAME [REDACTED] | | DIVISION Police Uniformed | | CLASS TITLE Police Officer | |
| EVALUATION FROM 04/01/11 TO 07/30/11 | | MERIT INCREASE DATE 03/26/2011 | | RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/11 | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|---------------------|---------------------|---------------------|---------------------|--------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--|--|--|--|--|--|--|
| EMPLOYEE ID | | TYPE OF EVALUATION | | | | EVALUATOR ID | PLEASE USE #2 PENCIL | | | | | | | | | | | | | | | | |
| | | STD | EMPLOY PROBATION | | | | SEASON TEMP | PROM TRANSFER | | | | | | | | | | | | | | | |
| | | INTERIM | 6-MONTH | 45 DAY | 90 DAY | | 180 DAY | 270 DAY | 45 DAY | 90 DAY | FINAL | 45 DAY | 90 DAY | | | | | | | | | | |
| | | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | | | | | | | |

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|---|--------------------------------|---|--------------------------|--|--|---|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 | | | | | | | | | | | | | | | | | | | | |
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | | 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT | | <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION | | QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | | 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE | | | | QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | 60 | 70 | 80 | 90 | 95 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 | 70 | 80 | 90 | 95 | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | | <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT | | ATTENDANCE EVALUATOR 1 EVALUATOR 2 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY | | <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK | | WORK HABITS EVALUATOR 1 EVALUATOR 2 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS | | <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE | | RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL | | <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP | | SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

See Attached Narrative

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| 5. SIGNATURE OF EVALUATOR | | THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. | | | | | | | |
| SGT D. K. 959 [REDACTED] 10-18-11 EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE | | [REDACTED] 10/18/11 EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE | | | | | | | |

| | | | | | |
|--|--|--|---|--|--|
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY: [Signature] 771 10-24-11 SIGNATURE OF REVIEWER EMPLOYEE ID # DATE | | | TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION | | |
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| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE SGT D. K. 959 [REDACTED] 10-25-11 AND DATE | | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. [REDACTED] 10-25-11 SIGNATURE OF DEPARTMENT HEAD EMPLOYEE ID # DATE | |
|---|--|---|--|

Employee Performance Evaluation Report**10/12/11****Begin date:** 04/01/11**End date:** 09/30/11**Officer:** [REDACTED]**Employee ID#:** [REDACTED]

Quality of Work: 90 [REDACTED] Officer submits thorough, detailed, clear and accurate paperwork. He conducts solid and comprehensive investigations and documents the results well. A general illustration of this quality was a Robbery investigation conducted in late May by [REDACTED] and his partner. After speaking quickly with the victim, vital information was transmitted to the other responding units that resulted in the suspect being quickly apprehended a significant distance from the scene. An exhaustive search of the entire area was then conducted and all of the stolen items were recovered. The suspect was interviewed, the victim was taken to identify him and a confession was obtained. The result of this thorough and professional investigation was an easy and solid conviction for Robbery. This provides just one example in his overall excellent pattern of quality police work. He displays this type of conscientious attitude throughout his approach to all the calls to which he handles, and he continues to improve.

Quantity of Work: 95 [REDACTED] responded to fourteen hundred nineteen calls for service this rating period, which places him first among the officers under my supervision and also first among the shift as a whole. While handling that many calls, he made two felony arrests, forty-two misdemeanor arrests, issued sixty-four traffic citations, and completed seventy-three field interview cards and sixty-seven general incident reports. The combination of this effort resulted in an outstanding total work product of sixteen hundred and sixty-nine and again places him first among the shift as a whole.

Attendance: 95 [REDACTED] had no call offs during this rating period.

Work habits: 90 [REDACTED] is a consistent, dependable and high level performer. He and his partner work a jump car that patrols two distinctly different districts in the city, yet he approaches the problems related to each with the same energy and productivity. He regularly volunteers for calls dispatched as 'any car in the area' to address an 'in progress' incident, often postponing paperwork that can be finished at a later time. He also provides valuable and necessary back-up to other units that are responding to dangerous or volatile situations in his, or adjoining, districts. He stays constantly busy with calls for service or self initiated, proactive work, as can be witnessed through his total work product. He executes good safety tactics and stays current with problem areas and individuals within the areas he patrols.

Relationship with Others: 90 [REDACTED] exhibits a calm professional demeanor and readily gets along with others. He interacts well with supervision, co-workers and citizens. His composed attitude continues to make him effective in dealings with victims, witnesses and often suspects. He is a well respected member of the shift.

Respectfully submittedSgt D Kelly 959
Sgt D Kelly 959**Evaluator #1**

10-18-11

0-25-11

EMPLOYEE NAME: [REDACTED]
DIVISION: Police Unit
CLASS TITLE: Police Officer
EVALUATION FROM 10/01/10 TO 03/31/11
MERIT INCREASE DATE 03/26/2011
RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/30/11

TYPE OF EVALUATION
STD: []
EMPLOY: []
SEASON: []
TEMP: []
PROM: []
TRANSFER: []
INTERIM: []
6-MONTH: []
45 DAY: []
90 DAY: []
270 DAY: []
45 DAY: []
90 DAY: []
FINAL: []
45 DAY: []
90 DAY: []
D - 100% CLAVE

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12
FACTORS YR: 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN 2. LINE OUT ITEMS
RELATED, WITH:
+ = STRONG
= STANDARD
- = WEAK
JUDGEMENT
THOROUGHNESS
NEATNESS OF WORK PRODUCT
AMOUNT OF WORK ACCOMPLISHED
COMPLETION OF WORK ON SCHEDULE
ADHERENCE TO WORKING HOURS
DEPENDABILITY AS REFLECTED BY
FREQUENCY OF ABSENCE
DILIGENCE, EFFORT
COMPLIANCE WITH INSTRUCTIONS
OR OBJECTIVES
OBSERVANCE OF WORK
RULES, SAFETY
CONDUCT & COOPERATION
WITH SUPERVISION
CONDUCT & COOPERATION
WITH CO-WORKERS
PLANNING, ORGANIZING, ASSIGNING
TRAINING & INSTRUCTING
DISCIPLINARY CONTROL
FAIRNESS, IMPARTIALITY,
LEADERSHIP
EVALUATING PERFORMANCE
PERSONAL APPEARANCE & CARE
CONDUCT WITH PUBLIC
ORGANIZATION OF WORK
CARE OF EQUIPMENT, MATERIAL
INITIATIVE
AVAILABILITY AS REFLECTED BY
AMOUNT OF TIME ABSENT
EVALUATOR 1
EVALUATOR 2
QUALITY OF WORK
QUANTITY OF WORK
ATTENDANCE
WORK HABITS
RELATIONSHIP WITH OTHERS
SUPERVISORY SKILLS
EVALUATOR 1
EVALUATOR 2
DEPARTMENT.
60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING
CORRECTION IS NECESSARY OBTAIN
A NEW FORM FROM THE PERSONNEL
DEPARTMENT.
PENCIL, DO NOT ERASE, IF A
BLACKENING IN BOX WITH A #2
60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.
See attached confidential.

5. SIGNATURE OF EVALUATOR
THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.
EVALUATOR 1 SIGNATURE [Signature] #1033
EVALUATOR 2 SIGNATURE [Signature]
DATE 4/11/11
5. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY.
SIGNATURE OF REVIEWER [Signature]
EMPLOYEE ID # 771
DATE 4/20/11
REPORT DISCUSSION
REPORT DISCUSSED WITH EMPLOYEE BY: [Signature]
DATE 4/20/11
SIGNATURE [Signature]
DATE 4/20/11
TO THE EMPLOYEE, YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.
DATE [REDACTED]

Employee Performance Evaluation Report

04-10-11

Begin date: 10-01-10

End date: 03-31-11

Officer:
Employee ID:



Quality of Work 90 -- [REDACTED] consistently delivers thorough and timely paperwork. His reports are neat and rarely need corrections. He displays sound judgment and always seeks improvement.

Quantity of Work 95 -- [REDACTED] is among the top performers. During this rating period he placed second in total calls taken, 1087, and citations issued. He was in the top four in the number of reports taken and total arrests made by officers in his sector. Examples include heroin and crack arrests on 11-23, 11-29-10 and 2-14-11. In the 2-14-11 drug arrest they also recovered a 9mm handgun. On 11-21-10 he and his partner arrested a suspect who had a working meth lab in his automobile. On 11-13-10 they helped arrest an armed murder suspect. On 12-27-10 they arrested a suspect in possession of a stolen revolver.

Attendance 95 -- [REDACTED] did not call off this rating period.

Work habits 95 -- [REDACTED] answers calls in a timely and professional manner. He routinely backs up other officers. Between dispatched calls he takes the initiative and seeks out work. He keeps a positive, pro-active attitude. He is always willing to participate in special details and gives 100% in any task assigned to him.

Relationship with Others 90 -- [REDACTED] gets along well with peers and supervisors. He handles calls in a professional and respectful manner. He always presents a neat and professional appearance.

Respectfully submitted;


Sgt. G. R. Garrett
Evaluator #1

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| CITY OF AKRON EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed | | EVALUATION FROM 04/01/10 TO 09/30/10 MERIT INCREASE DATE 03/26/2010 | | CLASS TITLE: Police Officer RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/10 | | PLEASE USE #2 PENCIL D - 1 - ROTATE CLAVE | |
| TYPE OF EVALUATION STD EMPLOY PROBATION SEASON TEMP PROM TRANSFER | | INTERIM 6-MONTH 45 DAY 90 DAY 180 DAY 270 DAY 45 DAY 90 DAY FINAL | | 45 DAY 90 DAY 180 DAY 270 DAY 45 DAY 90 DAY FINAL | | D - 1 - ROTATE CLAVE 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 | |

| | | | |
|---|--|--|--|
| 1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG = STANDARD - = WEAK ACCURACY THOROUGHNESS NEATNESS OF WORK PRODUCT JUDGEMENT WRITTEN EXPRESSION ORAL EXPRESSION | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED AMOUNT OF WORK ACCOMPLISHED ADHERENCE TO WORKING HOURS DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE DILIGENCE, EFFORT COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES OBSERVANCE OF WORK RULES, SAFETY CONDUCT & COOPERATION WITH SUPERVISION CONDUCT & COOPERATION WITH CO-WORKERS PLANNING, ORGANIZING, ASSIGNING TRAINING & INSTRUCTING DISCIPLINARY CONTROL | |
| FACTORS YR: 0 1 2 3 4 5 6 7 8 9 | | MO: 0 1 2 3 4 5 6 7 8 9 10 11 12 | |

| | | | |
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| 3. EVALUATE PERFORMANCE BY 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING A NEW FORM FROM THE PERSONNEL DEPARTMENT. | | 4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. | |
| QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | | QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | |
| QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | | QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | |
| ATTENDANCE EVALUATOR 1 EVALUATOR 2 | | ATTENDANCE EVALUATOR 1 EVALUATOR 2 | |
| WORK HABITS EVALUATOR 1 EVALUATOR 2 | | WORK HABITS EVALUATOR 1 EVALUATOR 2 | |
| RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | | RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | |
| SUPERVISORY SKILLS EVALUATOR 1 EVALUATOR 2 (LEAVE BLANK IF NOT APPLICABLE) | | SUPERVISORY SKILLS EVALUATOR 1 EVALUATOR 2 (LEAVE BLANK IF NOT APPLICABLE) | |

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| 5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. EVALUATOR 1 SIGNATURE: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: 10-12-10 | | 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. SIGNATURE OF REVIEWER: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: 10/16/10 | |
| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] SIGNATURE AND DATE: [REDACTED] | | TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE. | |

Employee Performance Evaluation Report

10-12-10

Begin date: 4-01-10

End date: 9-30-10

Officer:

Employee ID#

Quality of Work 90

Quantity of Work 95 (Based on: Total calls taken, total number of felony and misdemeanor arrest, traffic citations issued and OVI arrest, as compared to all officers working in the five patrol platoons.)

Attendance 95

Work habits 95

Relationship with Others 90

Narrative: [REDACTED] is very a dependable and steady officer. His paperwork is timely, neat and thorough. [REDACTED] placed in the top 20% in 3 out of the 5 categories listed above. He ranked 11th in total calls answered, 26th in OVI arrest and 23rd in traffic citations issued. Notable arrest include 3 B & E suspects on 7-18-10, felonious assault suspects on 5-20-10 and 9-5-10 and on 7-20-10 he arrested 2 suspects for Drug Trafficking. With those arrests he also seized 420 Ecstasy pills and over \$5,100. in cash. [REDACTED] is well liked by his peers and routinely backs them up. He presents a neat and professional appearance at all times. [REDACTED] did not call off during this rating period.

Respectfully submitted;

Sgt. G. R. Garrett #1033
Sgt. G. R. Garrett
Evaluator #1

| EMPLOYEE PERFORMANCE EVALUATION REPORT | | CITY OF AKRON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|--|----|---|---|---|---|---|---|---|----|----|----|----|----|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|
| <div style="display: flex; justify-content: space-between;"> <div> CLASS TITLE Police Officer </div> <div> DIVISION Police Uniformed </div> </div> | | EMPLOYEE NAME [Redacted] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/30/10 | | EVALUATION FROM 10/01/09 TO 03/31/10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE USE #2 PENCIL | | DATE 03/26/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROBATIONARY | | TYPE OF EVALUATION <div style="display: flex; justify-content: space-around;"> <div> STD. 6-MONTH 45 DAY 90 DAY 180 DAY 270 DAY 45 DAY 90 DAY FINAL </div> <div> PROBATION PROM TEMP </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. MARK PERFORMANCE IN | | 2. LINE OUT ITEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>ITEMS</th> <th>MO</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> </tr> <tr> <td>ACCURACY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>THOROUGHNESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEATNESS OF WORK PRODUCT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AMOUNT OF WORK ACCOMPLISHED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADHERENCE TO WORKING HOURS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DILIGENCE, EFFORT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OBSERVANCE OF WORK RULES, SAFETY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONDUCT & COOPERATION WITH SUPERVISION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONDUCT & COOPERATION WITH CO-WORKERS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLANNING, ORGANIZING, ASSIGNING</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TRAINING & INSTRUCTING</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DISCIPLINARY CONTROL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | ITEMS | MO | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | ACCURACY | | | | | | | | | | | | | | THOROUGHNESS | | | | | | | | | | | | | | NEATNESS OF WORK PRODUCT | | | | | | | | | | | | | | AMOUNT OF WORK ACCOMPLISHED | | | | | | | | | | | | | | ADHERENCE TO WORKING HOURS | | | | | | | | | | | | | | DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | | | | | | | | | | | | | | DILIGENCE, EFFORT | | | | | | | | | | | | | | COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES | | | | | | | | | | | | | | OBSERVANCE OF WORK RULES, SAFETY | | | | | | | | | | | | | | CONDUCT & COOPERATION WITH SUPERVISION | | | | | | | | | | | | | | CONDUCT & COOPERATION WITH CO-WORKERS | | | | | | | | | | | | | | PLANNING, ORGANIZING, ASSIGNING | | | | | | | | | | | | | | TRAINING & INSTRUCTING | | | | | | | | | | | | | | DISCIPLINARY CONTROL | | | | | | | | | | | | | | 3. EVALUATE PERFORMANCE BY 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING A NEW FORM FROM THE PERSONNEL DEPARTMENT. | |
| ITEMS | MO | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCURACY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THOROUGHNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEATNESS OF WORK PRODUCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMOUNT OF WORK ACCOMPLISHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADHERENCE TO WORKING HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DILIGENCE, EFFORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVANCE OF WORK RULES, SAFETY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCT & COOPERATION WITH SUPERVISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCT & COOPERATION WITH CO-WORKERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANNING, ORGANIZING, ASSIGNING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAINING & INSTRUCTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCIPLINARY CONTROL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS. | | 5. SIGNATURE OF EVALUATOR EVALUATOR 1 SIGNATURE: [Redacted] EVALUATOR 2 SIGNATURE: [Redacted] DATE: 4-21-10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY: SIGNATURE OF REVIEWER: [Redacted] EMPLOYEE ID #: 771 DATE: 3-4-10 | | 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [Redacted] SIGNATURE AND DATE: [Redacted] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Employee Performance Evaluation Report

04/21/10

Begin date: 10/01/09

End date: 03/31/10

Officer:
Employee ID# :



| | |
|---------------------------------|-----------|
| Quality of Work | 90 |
| Quantity of Work | 95 |
| Attendance | 95 |
| Work habits | 95 |
| Relationship with Others | 90 |

Narrative: [REDACTED] has become a very strong performer. His positive attitude and commitment to police work has resulted in him answering the most calls for service, taking the most reports and issuing the most traffic citations among the jump crew officers. He demonstrated his initiative and diligence by making the third most total arrest and by arresting four DUI drivers this rating period. Additionally, he was commended in a letter from a citizen for the professional and speedy response to his 911 call for assistance when his car was stolen. [REDACTED] is well liked by his peers and always presents a neat and professional appearance. [REDACTED] did not call off this rating period.

Respectfully submitted;

 #1033
Sgt. G. R. Garrett
Evaluator #1

EMPLOYEE PERFORMANCE EVALUATION REPORT

| | |
|---|---|
| CITY OF AKRON EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed CLASS TITLE: Police Officer | EVALUATION FROM 04/01/09 TO 09/30/09 MERIT INCREASE DATE 03/26/2010 RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/09 |
|---|---|

| | | | | |
|-----------------------------------|-----------------------------------|--|---------------------------|------------------|
| D I E E Y O L P M E [REDACTED] | STD EMPLOY SEASON FROM | INTERIM 6-MONTH 45 DAY 90 DAY 180 DAY 270 DAY | 45 DAY 90 DAY FINAL | 45 DAY 90 DAY |
| | TYPE OF EVALUATION | | | |
| | FROM TRANSFER | TEMP FROM | 45 DAY 90 DAY | |
| | D I E E Y O L P M E [REDACTED] | | | |

| | | | |
|-------|--------------------------------|---------|-----------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 1 2 3 4 5 6 7 8 9 |
|-------|--------------------------------|---------|-----------------------|

| | |
|--|--|
| 1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG = STANDARD - = WEAK ACCURACY THOROUGHNESS NEATNESS OF WORK PRODUCT AMOUNT OF WORK ACCOMPLISHED COMPLETION OF WORK ON SCHEDULE ADHERENCE TO WORKING HOURS DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE DILIGENCE, EFFORT COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES OBSERVANCE OF WORK RULES, SAFETY CONDUCT & COOPERATION WITH SUPERVISION CONDUCT & COOPERATION WITH CO-WORKERS PLANNING, ORGANIZING, ASSIGNING TRAINING & INSTRUCTING DISCIPLINARY CONTROL | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED |
|--|--|

| | | | | | | |
|--|---|--|--|---|--|---|
| 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 | QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 | ATTENDANCE EVALUATOR 1 EVALUATOR 2 | WORK HABITS EVALUATOR 1 EVALUATOR 2 | RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 | SUPERVISORY SKILLS EVALUATOR 1 EVALUATOR 2 (LEAVE BLANK IF NOT APPLICABLE) |
|--|---|--|--|---|--|---|

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

See attached confidential.

| | |
|---|---|
| 5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGMENT OF THE EMPLOYEE'S PERFORMANCE. EVALUATOR 1 SIGNATURE: [REDACTED] EVALUATOR 2 SIGNATURE: [REDACTED] DATE: 10-14-09 | 6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. SIGNATURE OF REVIEWER: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: 10-22-09 |
|---|---|

| | |
|--|---|
| 7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] SIGNATURE AND DATE: [REDACTED] TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE. | EMPLOYEE'S SIGNATURE AND DATE: [REDACTED] DATE: 10-23-09 |
|--|---|

Employee Performance Evaluation Report

10/14/09

Begin date: 04/01/09

End date: 09/30/09


Officer:
Employee ID#:



| | |
|--------------------------|----|
| Quality of Work | 90 |
| Quantity of Work | 95 |
| Attendance | 95 |
| Work habits | 90 |
| Relationship with Others | 90 |

Narrative: [REDACTED] is a steady performer. He presents a neat and professional appearance. He approached police work with a positive, can do attitude. His efforts has resulted in him handling the most calls for service, issuing the second most traffic citations and making the fourth most total arrests by a jump crew officer this period. On 9-14-09 he assisted in the arrest of an aggravated robbery suspect and the recovery of the weapon used in the robbery. [REDACTED] paperwork is accurate and thorough. He is well liked by his peers. [REDACTED] called off one time this rating period.

Respectfully submitted;

 #1033
Sgt. G. R. Garrett
Evaluator #1

C7B 1053

EMPLOYEE PERFORMANCE EVALUATION REPORT

CITY OF AKRON

CSC 1-00

| | | | |
|-------------------------------|------------------------------|--------------------------------|-------------------------------------|
| CLASS TITLE Police Officer | DIVISION Police Uniformed | FROM: 04/01/09 TO: 03/31/09 | PERSONNEL DEPARTMENT BY 04/30/09 |
|-------------------------------|------------------------------|--------------------------------|-------------------------------------|

| | | | | | | | |
|-------------------|--------------------|---------|--------|-----------|---------|---------|--------|
| D - 1 NOT A CLAVE | TYPE OF EVALUATION | STD | EMPLOY | PROBATION | SEASON | PROM | |
| | | INTERIM | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY |
| | | 6-MONTH | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY |
| | | 45 DAY | 90 DAY | 180 DAY | 270 DAY | 45 DAY | |
| D - 1 NOT A CLAVE | | | | | | | |

| | | | |
|-------|--------------------------------|---------|----------------------------|
| ITEMS | MO: 1 2 3 4 5 6 7 8 9 10 11 12 | FACTORS | YR: 0 1 2 3 4 5 6 7 8 9 10 |
|-------|--------------------------------|---------|----------------------------|

| | | | |
|---|--|---|--|
| 1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG = STANDARD - = WEAK | | 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED | |
| <input checked="" type="checkbox"/> ACCURACY | <input checked="" type="checkbox"/> JUDGEMENT | <input checked="" type="checkbox"/> WRITTEN EXPRESSION | <input checked="" type="checkbox"/> ORAL EXPRESSION |
| <input checked="" type="checkbox"/> THOROUGHNESS | <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT | <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED | <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE |
| <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS | <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE | <input checked="" type="checkbox"/> DILIGENCE, EFFORT | <input checked="" type="checkbox"/> INITIATIVE |
| <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES | <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY | <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL | <input checked="" type="checkbox"/> ORGANIZATION OF WORK |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION | <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC | <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE | <input checked="" type="checkbox"/> EVALUATING PERFORMANCE |
| <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS | <input checked="" type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING | <input checked="" type="checkbox"/> TRAINING & INSTRUCTING | <input checked="" type="checkbox"/> DISCIPLINARY CONTROL |
| 3. EVALUATE PERFORMANCE BY A NEW FORM FROM THE PERSONNEL CORRECTION IS NECESSARY OBTAIN PENCIL, DO NOT ERASE. IF A BLACKENING IN BOX WITH A #2 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING | | DEPARTMENT. | |
| QUALITY OF WORK | EVALUATOR 1 | QUALITY OF WORK | EVALUATOR 2 |
| QUANTITY OF WORK | EVALUATOR 1 | QUANTITY OF WORK | EVALUATOR 2 |
| ATTENDANCE | EVALUATOR 1 | ATTENDANCE | EVALUATOR 2 |
| WORK HABITS | EVALUATOR 1 | WORK HABITS | EVALUATOR 2 |
| RELATIONSHIP WITH OTHERS | EVALUATOR 1 | RELATIONSHIP WITH OTHERS | EVALUATOR 2 |
| SUPERVISORY SKILLS | EVALUATOR 1 | SUPERVISORY SKILLS | EVALUATOR 2 |
| (LEAVE BLANK IF NOT APPLICABLE) | | | |

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

5. SIGNATURE OF EVALUATOR

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: 5807

SIGNATURE AND DATE: 5-8-09

REVISOR DATE - MAY 2005

DIVISION COPY

TO THE EMPLOYEE: YOUR SIGNATURE WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

5-4-09

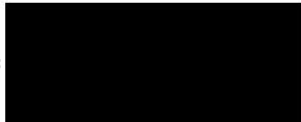
Employee Performance Evaluation Report

04/19/09

Begin date: 10/01/08

End date: 03/31/09

Officer:
Employee ID#



Quality of Work 90

Quantity of Work 90


Attendance 95

Work habits 80

Relationship with Others 90

Narrative: [REDACTED] performance was very good this rating period. His reports are accurate and thorough. His proactive approach to policing has resulted in him having the second highest number of calls for service and traffic citations issued by a jump crew officer this period. [REDACTED] was recognized for his initiative and sound judgment in running a crowd control detail in our downtown bar area. Additionally, he displayed sound tactics and judgment during a fight call in which he and his partner were outnumbered and physically attacked by the suspects. His actions led to the swift conclusion of this volatile and dangerous situation. [REDACTED] called off one time during this rating period.

Respectfully submitted;


Sgt. G. R. Garrett
Evaluator #1

Employee Performance Evaluation Report

10/31/08

Begin date: 04/01/08

End date: 09/30/08

Officer:
Employee ID#



Quality of Work 80

Quantity of Work 80

Attendance 90

Work habits 80

Relationship with Others 90

Narrative: [REDACTED] performance was satisfactory this rating period. As a newer officer he is progressing with his peers. He called off two times this period. [REDACTED] is liked by the other members of the shift and relates well with citizens.

Respectfully submitted;


Sgt. G. R. Garrett
Evaluator #1

EMPLOYEE PERFORMANCE EVALUATION REPORT

CITY OF AKRON

DIVISION

CLASS TITLE

Police Unitformed

Police Officer

EVALUATION FROM 10/01/07 TO 03/31/08

03-26-2008

PERSONNEL DEPARTMENT BY 04/30/08

PLEASE USE #2 PENCIL

GRADE FOR PERIOD WORKED AFTER COMPLETION OF PROBATION

| | | |
|--------------------|--------|-----------------|
| TYPE OF EVALUATION | STD | INTERIM 6-MONTH |
| PROBATION | EMPLOY | 45 DAY |
| TEMP | SEASON | 90 DAY |
| PROM | FINAL | 180 DAY |
| | | 270 DAY |
| | | 45 DAY |
| | | 90 DAY |
| | | 45 DAY |
| | | FINAL |
| | | 45 DAY |
| | | 90 DAY |
| | | 45 DAY |

| | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|
| DI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG, - = WEAK

WHICH ARE NOT JOB-RELATED

THOROUGHNESS, ACCURACY, JUDGEMENT, WRITTEN EXPRESSION, ORAL EXPRESSION, AMOUNT OF WORK ACCOMPLISHED, COMPLETION OF WORK ON SCHEDULE, ADHERENCE TO WORKING HOURS, DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE, DILIGENCE, EFFORT, COMPLIANCE WITH INSTRUCTIONS, OR OBJECTIVES, OBSERVANCE OF WORK RULES, SAFETY, CONDUCT & COOPERATION WITH SUPERVISION, CONDUCT WITH CO-WORKERS, PLANNING, ORGANIZING, ASSIGNING, TRAINING & INSTRUCTING, DISCIPLINARY CONTROL

AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

INITIATIVE

CARE OF EQUIPMENT, MATERIAL

ORGANIZATION OF WORK

CONDUCT WITH PUBLIC

PERSONAL APPEARANCE & CARE

EVALUATING PERFORMANCE, FAIRNESS, IMPARTIALITY, LEADERSHIP

DISCIPLINARY CONTROL

ADHERENCE TO WORKING HOURS

DEPENDABILITY AS REFLECTED BY

FREQUENCY OF ABSENCE

DILIGENCE, EFFORT

COMPLIANCE WITH INSTRUCTIONS

OR OBJECTIVES

OBSERVANCE OF WORK

RULES, SAFETY

CONDUCT & COOPERATION

WITH SUPERVISION

CONDUCT WITH CO-WORKERS

PLANNING, ORGANIZING, ASSIGNING

TRAINING & INSTRUCTING

DISCIPLINARY CONTROL

ADHERENCE TO WORKING HOURS

DEPENDABILITY AS REFLECTED BY

FREQUENCY OF ABSENCE

DILIGENCE, EFFORT

COMPLIANCE WITH INSTRUCTIONS

OR OBJECTIVES

OBSERVANCE OF WORK

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CONDUCT & COOPERATION

WITH SUPERVISION

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OBSERVANCE OF WORK

RULES, SAFETY

CONDUCT & COOPERATION

WITH SUPERVISION

CONDUCT WITH CO-WORKERS

PLANNING, ORGANIZING, ASSIGNING</

Employee Performance Evaluation Report

04/17/08

Begin date: 10/01/07

End date: 03/31/08

Officer:

Employee ID#

Quality of Work 80

Quantity of Work 80

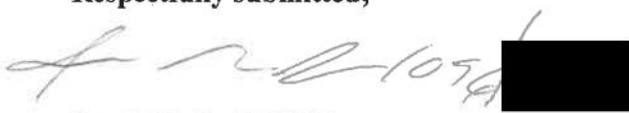
Attendance 95

Work habits 80

Relationship with Others 90

Narrative: [REDACTED] shows great excitement for the job. He routinely displays initiative to be pro-active during his tour of duty. His reports are extremely accurate and well written for an officer of his experience. He consistently displays a willingness to learn and is open to make any necessary change to better himself as an officer. [REDACTED] had no call offs.

Respectfully submitted;


Sgt. S.M. Boal #1096
Evaluator #1

CTB
4/16/08

EMPLOYEE NAME: [REDACTED] DIVISION: [REDACTED] CLASS TITLE: [REDACTED]
EVALUATION FROM 3/26/07 TO 12/20/07
MERIT INCREASE DATE: [REDACTED]
RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/20/07

PLEASE USE #2 PENCIL

| D I S C I P L I N E | TYPE OF EVALUATION | | | | | | | | | | | |
|---------------------|--------------------|--------|--------|------|--------|--------|---------|--------|--------|-------|--------|--------|
| | STD | EMPLOY | SEASON | PROM | 45 DAY | 90 DAY | 270 DAY | 45 DAY | 90 DAY | FINAL | 45 DAY | 90 DAY |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |

D I S C I P L I N E

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12
FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED
3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

| QUALITY OF WORK | QUANTITY OF WORK | ATTENDANCE | WORK HABITS | RELATIONSHIP WITH OTHERS | SUPERVISORY SKILLS |
|-----------------|------------------|-------------|-------------|--------------------------|--------------------|
| EVALUATOR 1 | EVALUATOR 1 | EVALUATOR 1 | EVALUATOR 1 | EVALUATOR 1 | EVALUATOR 1 |
| EVALUATOR 2 | EVALUATOR 2 | EVALUATOR 2 | EVALUATOR 2 | EVALUATOR 2 | EVALUATOR 2 |

60 70 80 90 95

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer has successfully completed his probation. Officer did not call off this grading period.

5. SIGNATURE OF EVALUATOR
6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.
7. REPORT DISCUSSION
8. SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE
9. DATE

EMPLOYEE NAME
[REDACTED]

CITY OF AKRON

DIVISION
[REDACTED]

CLASS TITLE
[REDACTED]

RETURN ORIGINAL TO
PERSONNEL DEPARTMENT BY
6/23/07

PLEASE USE #2 PENCIL

EMPLOYEE EVALUATION REPORT
CSC 1-00

ITEMS
MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS
YR: 0 1 2 3 4 5 6 7 8 9

TYPE OF EVALUATION

STD

INTERIM
6-MONTH

45 DAY
90 DAY
180 DAY
270 DAY

45 DAY
90 DAY
FINAL

45 DAY
90 DAY

FROM

TO

6/23/07

6/23/07

EMPLOYER

EMPLOYEE

6/23/07

6/23/07

1. MARK PERFORMANCE, IN

2. LINE OUT ITEMS

3. EVALUATE PERFORMANCE BY

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

5. SIGNATURE OF EVALUATOR

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY.

7. REPORT DISCUSSION

8. SIGNATURE AND DATE

1. MARK PERFORMANCE, IN

2. LINE OUT ITEMS

3. EVALUATE PERFORMANCE BY

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

5. SIGNATURE OF EVALUATOR

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITY.

7. REPORT DISCUSSION

8. SIGNATURE AND DATE



THE STATE OF OHIO



KEITH FABER
OHIO AUDITOR OF STATE

The Ohio Auditor of State's Office

certifies that



has successfully completed

Fraud Reporting and Training

July 23, 2024

A handwritten signature in cursive script, appearing to read "Keith Faber", written over a horizontal line.

Keith Faber
Ohio Auditor of State



This is to certify that



has completed the Ohio Attorney General's online training course on

Companion Animal Encounters

Completed on: 12/2/2016 8:25:13 PM



This is to Certify that

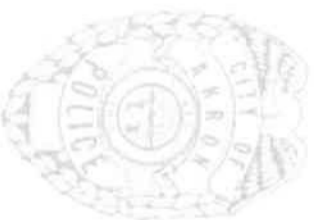


Has Successfully Completed the 14 Hour Course of Instruction

Attended from 4/6/2016 to 4/7/2016

2016 In-Service

Constitutional Use of Force, Defensive Tactics, Body Worn Cameras, Nuisance Calls, Human Trafficking, Heroin Investigations, Drug Enforcement Issues & Techniques, De-Escalation, Mobile Field Force



A handwritten signature in black ink, appearing to read "James D. Nice".

James D. Nice
Chief of Police

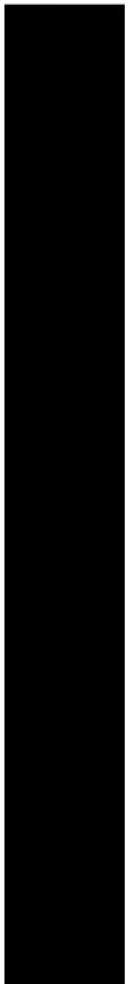
A handwritten signature in black ink, appearing to read "Lt. Michael Yohe".

Lt. Michael Yohe
Director of Training

A handwritten signature in black ink, appearing to read "Instructor".

--
Instructor

This is to Certify that



Has Successfully Completed the 14 Hour Course of Instruction

Attended from 11/2/2015 to 11/3/2015

2015 In-Service

Vicarious Trauma, Critical Incident Response, Range Do's & Don'ts, CCW/Language Line/Ease@Work, Procedural Justice, Rules & Regulations Update, CPR & AED, Domestic Violence, Use of Force, Defensive Tactics



A handwritten signature in black ink, appearing to read "James D. Nice".

James D. Nice
Chief of Police

A handwritten signature in black ink, appearing to read "Sgt. Jeff R. Mullins".

Sgt. Jeff R. Mullins
Director of Training

--
Instructor



This is to certify that



has completed the Ohio Attorney General's online training course on

Finding Words

Completed on: 9/16/2014 1:16:32 AM



This is to Certify that



Has Successfully Completed the 8 Hour Course of Instruction

Attended on 5/5/2014

2014 In-Service

Juvenile Law Update; Legal Updates; Police Suicide; Meth Lab Updates; Mobile Field Force; Street Survival




James D. Nice
Chief of Police


Sgt. Jeff R. Mullins
Director of Training



Instructor

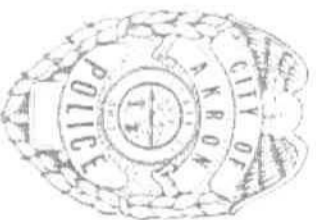
This is to Certify that



Has Successfully Completed the 4 Hour Course of Instruction

Attended on 1/22/2014

INTRODUCTION TO FIELD TRAINING OFFICER



James D. Nice
James D. Nice
Chief of Police

Lt. Jerry W. Hughes
Lt. Jerry W. Hughes
Director of Training

Sgt. R. Mullins
SERGEANT JEFFREY MULLINS
Instructor

This is to Certify that

[Redacted Name]

Has Successfully Completed the 14 Hour Course of Instruction

Attended from 4/17/2013 to 4/18/2013

Highway Safety; Day Driving Classroom & Actual; Driving; CPR & AED; D.T. Review & Shoulder Pin Technique;
Professional Standards; Active Shooter





James D. Nice
Chief of Police



Lt. Jerry W. Hughes
Director of Training

Instructor



This is to certify that



has completed the Ohio Attorney General's online training course on

Responding to Human Trafficking

Completed on: 11/20/2012

Completed in: 0:3:18



[print this page](#)
[close this window to return](#)

**Acknowledgement of
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
Computer Based Training**

I acknowledge that on Wednesday, January 18, 2012, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

Police officer

Title

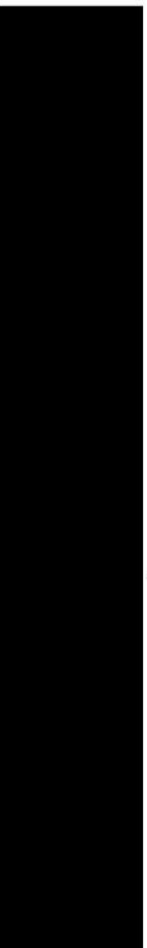
Police Dept.

Department/Division

1-18-2012

Date

This is to Certify that

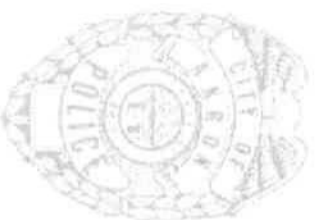


Has Successfully Completed the 21 Hour Course of Instruction

Attended from 11/15/2011 to 11/17/2011


2011 In-Service

K-9's and Aggressive Dogs; Autism; Accident and OVI Reports; Defensive Driving; Courtroom Testimony; Off-Duty Response; OPSA 2008-10 Review; Procedure Updates; Legal Updates, Search/Seizure, Pat-downs, Arrests; Crime Analysis; Finish the Call; Officer Fitness and Health; Defensive Tactics





Craig V. Gilbride
Chief of Police



Lt. Jerry W. Hughes
Director of Training

Instructor



This is to certify that



has completed the Ohio Attorney General's online training course on

Awareness of Human Trafficking

Completed on: 11/17/2010

Completed in: 0:30:19



This is to Certify that




Has Successfully Completed the 1 Hour Course of Instruction

Attended on 4/22/2009

2009 In-Service

Communication Skills "Protect and Serve"





Craig W. Gilbride
Chief of Police



Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction


Attended on 4/22/2009

2009 In-Service

Courtroom Testimony and Legal Updates




Craig V. Gilbride
Chief of Police


Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction


Attended on 4/22/2009

2009 In-Service Report Writing





Craig V. Gilbride
Chief of Police



Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1/2 Hour Course of Instruction

Attended on 4/22/2009

2009 In-Service

J.A.M. Updates





Craig V. Gilbride
Chief of Police



Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1/2 Hour Course of Instruction


Attended on 4/22/2009

2009 In-Service

Translator Device




Craig V. Gilbride
Chief of Police


Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction

Attended on 4/22/2009

2009 In-Service

Medical Update - Disease Awareness




Craig V. Gilbride
Chief of Police


Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction

Attended on 4/22/2009

2009 In-Service

Death Scene - Summit County M.E. Office




Craig W. Gilbride

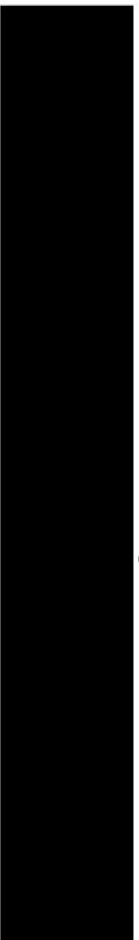
Chief of Police


Lt. Jerry W. Hughes

Director of Training


Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction

Attended on 4/22/2009

2009 In-Service

Leadership




Craig V. Gilbride

Chief of Police


Lt. Jerry W. Hughes

Director of Training


Instructor

This is to Certify that

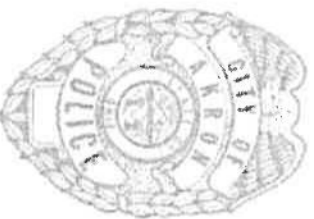


Has Successfully Completed the 2 Hour Course of Instruction

Attended on 11/19/2008

2008 In-Service

Victims Advocacy



Michael T. Matulavich

Michael T. Matulavich
Chief of Police

Lt. Jerry W. Hughes

Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that



Has Successfully Completed the 1 Hour Course of Instruction

Attended on 11/19/2008

2008 In-Service

APD Procedures Update



A handwritten signature in dark ink, appearing to read "Michael T. Matulavich".

Michael T. Matulavich
Chief of Police

A handwritten signature in dark ink, appearing to read "Lt. Jerry W. Hughes".

Lt. Jerry W. Hughes
Director of Training

Instructor

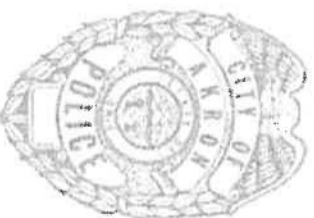
This is to Certify that



Has Successfully Completed the 3 Hour Course of Instruction

Attended on 11/19/2008

**2008 In-Service
CPR and AED**



A handwritten signature in dark ink, appearing to read "Michael T. Matulavich".

Michael T. Matulavich
Chief of Police

A handwritten signature in dark ink, appearing to read "Lt. Jerry W. Hughes".

Lt. Jerry W. Hughes
Director of Training

A handwritten signature in dark ink, which is mostly illegible but appears to be a name.

Instructor

The Personnel Department

Presents

Certificate of Completion

To



For


SEXUAL HARASSMENT AWARENESS -CBT

1 HR(s)

Date

Wednesday, November 19, 2008




Myra Snipes
Training/EEO Officer

This is to Certify that



Has Successfully Completed the 3 Hour Course of Instruction

Attended on 10/21/2008

2008 In-Service

Defensive Tactics



Michael T. Matulavich

Michael T. Matulavich
Chief of Police

Lt. Jerry W. Hughes

Lt. Jerry W. Hughes
Director of Training

Instructor

This is to Certify that

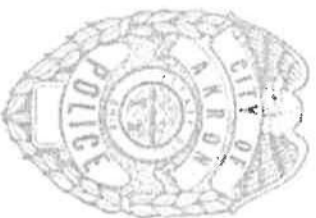


Has Successfully Completed the 4 Hour Course of Instruction

Attended on 10/21/2008

2008 In-Service

Emergency Driving Skills at Goodyear Test Track



A handwritten signature in cursive script.

Michael T. Matulavich
Chief of Police

A handwritten signature in cursive script.

Lt. Jerry W. Hughes
Director of Training

Instructor



Turning lives around one child at a time.

Certificate of Training

This certificate acknowledges that



Has successfully completed a course of instruction in Administration of Oaths and Acknowledgement of Documents pursuant to R. C. § 2935.081 this 28th day of January, 2008

Linda Tucci Teodosio

Judge Linda Tucci Teodosio

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.LE

**Introduction to the Incident Command System,
I-100 for Law Enforcement**

Issued this 27th Day of July, 2007

A handwritten signature in cursive script, reading "Cortez Lawrence".

Cortez Lawrence, PhD

Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200

**ICS for Single Resources and
Initial Action Incidents**

Issued this 27th Day of July, 2007

A handwritten signature in cursive script, reading "Cortez Lawrence".

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700

**National Incident Management System
(NIMS) an Introduction**

Issued this 27th Day of July, 2007

A handwritten signature in cursive script, reading "Cortez Lawrence".

Cortez Lawrence, PhD
Superintendent
Emergency Management Institute

DIVISION OF STATE FIRE MARSHAL

OHIO FIRE ACADEMY

CERTIFICATE OF TRAINING

Is awarded to:

[REDACTED]
In recognition of completion of the

HazMat/WMD Awareness & 1st Responder PPE - 8 hrs

1753-2008-439

07/23/2007-07/23/2007



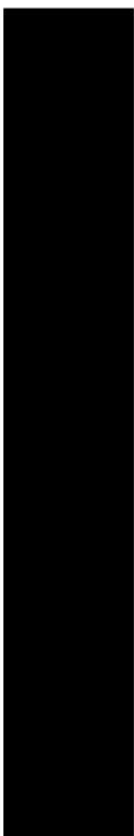
Michael P. Bell
Michael P. Bell
State Fire Marshal



B. Frank Conway
B. Frank Conway
Superintendent



This Is To Certify that



Has Successfully Completed a 32 Hour Course of Instruction Entitled

STANDARDIZED FIELD SOBRIETY TESTING

June 11-14, 2007


Richard Stammitt - Course Coordinator


Jeffrey Ross - Course Coordinator




Michael Vavry - Course Coordinator


Anthony Starvaggi - Instructor



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

[REDACTED]

has completed the Ohio
Peace Officer Basic Training Program

any

Marc E. Dann
Marc E. Dann
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Tomi L. Dorris
Tomi L. Dorris, Executive Director
Ohio Peace Officer Training Commission

Sgt. William R. Mullins
[REDACTED]
School Commander

Thirty First Annual

MIDWEST CRISIS NEGOTIATORS CONFERENCE



This certifies that



Akron Police Department

*has attended the 24 hour (18 Hours CEU) conference held in Columbus, Ohio
September 4th Through 6th, 2024.*

Elaine R. Bryant

Elaine R. Bryant
Chief of Police

Paul H. Weiner

Sgt. Rich Weiner
Columbus Police Team Leader



U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

THIS IS TO CERTIFY



ATTENDED AND SUCCESSFULLY COMPLETED

THE BASIC CRISIS NEGOTIATION COURSE
October 23rd — October 27th, 2023

40 Hours

FBI-Cleveland


SA JULIE YELK
CRISIS NEGOTIATION TEAM COORDINATOR
CLEVELAND FBI

Acknowledgement of Viewing Cultural Competence for the Gay Games PowerPoint

I acknowledge that on June - 2nd, 2014, I viewed the City's
Cultural Competence for the Gay Games PowerPoint Presentation.



Signature



Please print your name

Police officer

Title



Employee ID

PATROL

Department/Division

6-2-14

Date



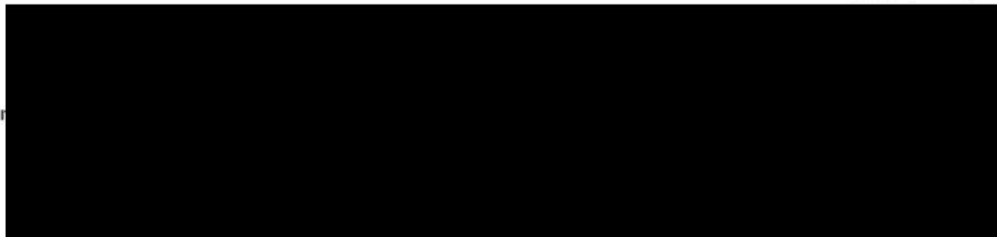
CITY OF AKRON
NETWORK ACTION REQUEST

RECEIVED
AKRON
CITY OF AKRON
11-1-13

Employee Name

Department/Division

Location



Building

Room/Floor

Phone

Banner

Fund

Organization

ACTION REQUESTED (PLEASE CHECK ALL THAT APPLY):



Current User

____ Delete from Current User

New User

____ Delete Current User

____ Name of Previous User

____ Add to Current User

____ Last Name Change

From

To

____ Moved from this Location

City Applications (Please check those requested)



Outlook (Email)

____ InforEAM*



Internet Access**

____ onBase

____ Banner (Accounting System)*

____ CSR/3-1-1

____ PeopleSoft (Payroll/HR System)*

____ Mainframe (IMS, MAPPER)

____ Fleet Anywhere (Motor Equipment)

☒ Outlook WebAccess (OWA)

____ EnQuesta (Utilities)*

____ VPN Access

____ Other

____ Other

____ Other

____ Other

* Requires an additional security form

**Internet Access: The Information Technology Department has been directed to monitor all website addresses being accessed as indicated in Executive Order #7-2013 (Computer/Electronic Main (E-mail)/Internet/Intranet Usage Policy). IT will attempt to block undesirable websites. If you should find an undesirable site, please email Bill Fatica wfatica@akronohio.gov with that site address. Additionally, if you feel a particular site should not be blocked, please contact IT.

Please review Executive Order #7-2013 (Computer Usage Policy) at
<http://www.ci.akron.oh.us/MIS/Forms/ComputerUsePolicy2013.pdf>

By signing below, I have read and accept the information referred to in Executive Order #7-2013.

Employee Signature

Date 11-1-13

Manager Signature

Date 11-26-13

Department Director Signature
(Required)

Date

PLEASE RETURN TO IT DEPARTMENT, ROOM 801, MUNICIPAL BUILDING

This Section For Administrative Use Only
IT Accepted and Reviewed _____

Network 11-1-13