



OHIO PEACE OFFICER TRAINING COMMISSION  
&  
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

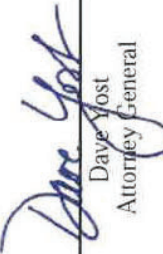
**REDACTED**


has completed the Ohio  
Peace Officer Basic Training Program

Conducted by

**Akron Police Department**


Awarded On  
May 29, 2020

  
Dave Jost  
Attorney General

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

  
Lt. Steven E. Torrey  
School Command

BAS19-090 200553

# OHIO ATTORNEY GENERAL RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*

**REDACTED**

For successfully completing the Webcast course

## OHLEG Security Training

Issued on  
**May 06, 2020**  
Expires in 2 years



Joseph A. Morbitzer, BCI SUPERINTENDENT

\* No CPT Hours  
25b32e7b46d519941e2145d5f819555a924859a







**DAVE YOST**

OHIO ATTORNEY GENERAL

# Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

### User Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: REDACTED Date: 04-29-2020

Signature: REDACTED OAI/ORI #: REDACTED

Agency Name: Akron Police Department

### Agency Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



**DAVE YOST**

OHIO ATTORNEY GENERAL

## Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: REDACTED Date: 04-29-2020  
Title: Officer  
Signature: REDACTED OAI/ORI #: REDACTED





# AKRON POLICE DEPARTMENT

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

Stephen L. Mylett, *Chief of Police*

**TO:** OFFICER **REDACTED**  
UNIFORM SUB-DIVISION

**FROM:** STEPHEN MYLETT  
CHIEF OF POLICE

**DATE:** March 10, 2022

**Effective March 10, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.**

A handwritten signature in cursive script that reads 'Stephen L. Mylett'.

Stephen L. Mylett  
Chief of Police

SLM/sjn

**cc: Eve Belfance, Law Director**  
**Randy Briggs, Deputy Mayor of Labor Relations**  
**Frank Williams, Assistant to the Mayor for Labor Relations**  
**Charles Brown, Deputy Mayor of Public Safety**  
**Clay Cozart, President, F.O.P. Akron Lodge #7**  
**Wendy Leslie, Payroll**

[www.akroncops.org](http://www.akroncops.org)  
Fax: (330) 375-2135 Phone: (330) 375-2244  
Address all correspondence to the Chief of Police





**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record  Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle) <b>REDACTED</b>	2. Social Security Number <b>REDACTED</b>
3. Previous Name(s) or Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy) <b>REDACTED 95</b>	5. Officer's Individual Email Address <b>REDACTED</b>		6. Phone Number <b>REDACTED</b>
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name) <b>REDACTED</b>			
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name) Akron Police Department	(Academy Number) <b>REDACTED</b>	(Dates of Training) 12/11/2019 - 5/1/2020

<b>AGENCY INFORMATION</b>		9. Agency Name Akron Police Department	
10. Reporting Authority's Email Address chiefsaide@akronohio.gov		11. Agency Phone Number 330-375-2244	
12. Agency Mailing Address (#/Street/PO Box) 217 S. High Street		(City) Akron	(Zip Code) (County Name) 44308 Summit

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status <u>and</u> ORC)		13. New Appointment Date 05 / 29 / 2020	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority <i>K. Ball</i>	18. Printed Name and Title Kenneth R. Ball, Chief of Police	19. Date 05 / 21 / 2020	
20. Signature of Witness <i>C.A. Brown</i>	21. Printed Name (First, Middle, Last) Charles A. Brown	22. Date 05 / 21 / 2020	



REDACTED

**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee  
 Signature of Appointing Authority

Daniel Horrigan  
 Name of Appointing Authority (Typed or Printed Legibly)  
 Mayor, City of Akron  
 Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



DANIEL HARRIGAN, MAYOR

## CITY OF AKRON 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.

### Please complete entire form

Employee ID Number: **REDACTED** Social Security Number: **REDACTED**  
First Name: **REDACTED** Middle Name: **REDACTED** Last Name: **REDACTED**  
\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: **REDACTED** Gender:  Male  Female

### Contact Information

Street Address: **REDACTED**  
City: Akron State: OH Zip Code: **REDACTED**  
E-mail address: **REDACTED**  
Cell Phone Number: **REDACTED** Please check your preferred method of contact below:  
 Phone  Mail  E-mail  
Home Phone Number: \_\_\_\_\_

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated  
Highest Education Level completed:  
 Less than HS graduate  2-year College Degree  Doctorate (Academic)  
 HS graduate or equivalent  Bachelor's Level Degree  Doctorate (Professional)  
 Some College  Some Graduate School  Post-Doctorate  
 Technical School  Master's Level Degree

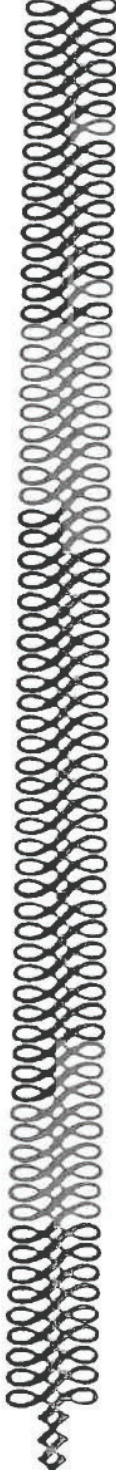
### In case of emergency please contact:

First Name: **REDACTED** Last Name: **REDACTED** Phone Number: **REDACTED**  
Street Address: **REDACTED**  
City: **REDACTED** State: **REDACTED** Zip Code: **REDACTED**  
Relationship to Employee: girlfriend

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: **REDACTED** Date: 05-21-2020





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 29<sup>th</sup> DAY OF MAY, 2020.

Handwritten signature of Daniel Horrigan in black ink, written over a horizontal line.

DANIEL HORRIGAN, MAYOR

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>REDACTED</b>	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/24/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20 11/27/20

EMPLOYEE ID	0 1 2 3 4 5 6 7 8 9	TYPE OF EVALUATION	EVALUATOR 1 ID	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9			STD	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9			EMPLOY PROBATION	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9			SEASON TEMP	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9			PROM TRANSFER	0 1 2 3 4 5 6 7 8 9

ITEMS	MO: 0 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 0 1 2 3 4 5 6 7 8 9																																																		
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b> <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	<b>3. EVALUATE PERFORMANCE BY</b> 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 (LEAVE BLANK IF NOT APPLICABLE)	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING  <table border="1"> <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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

*Progressing as expected*

**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 SIGNATURE: *[Signature]* EMPLOYEE ID #: 139718647 DATE: 12/5/20  
 EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 12061 DATE: 12-6-20

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11808 DATE: 12/10/20  
 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 \_\_\_\_\_



CITY OF AKRON

# EMPLOYEE PERFORMANCE EVALUATION REPORT

CS

EMPLOYEE NAME  
**REDACTED**

DIVISION  
Police Uniformed

CLASS TITLE  
Police Officer

EVALUATION FROM 12/9/19 TO 03/07/20

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

PLEASE USE #2 PENCIL

EMPLOYEE ID	<b>REDACTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>REDACTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>REDACTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>REDACTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>REDACTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 1 ID	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<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
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>	
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	3. <b>EVALUATE PERFORMANCE BY</b> 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
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION		70 = IMPROVEMENT NEEDED
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION		80 = SATISFACTORY
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		QUALITY OF WORK	90 = VERY GOOD
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK	95 = OUTSTANDING
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	ATTENDANCE	
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		WORK HABITS	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE	RELATIONSHIP WITH OTHERS	
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<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"/> 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			

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.

RECRUIT **REDACTED** IS PERFORMING AS EXPECTED OF AN EMPLOYEE AT THIS POINT IN HIS TRAINING

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]* **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/12/20

EVALUATOR 2 SIGNATURE: *[Signature]* **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/11/20

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

SIGNATURE OF REVIEWER: *[Signature]* **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/12/20

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: **REDACTED** DATE: 3/11/20

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: *[Signature]* **REDACTED** DATE: 3/13/20

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** 3/13/20

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S OFFICE**

**CHIEF'S DIRECTIVE**

**2020-CD-57**

**October 13, 2020**

**DIRECTIVE**

**Effective Monday, October 19, 2020, the following transfers\* are made in the Akron Police Department:**

<b>Officer Joseph Filimon I.D. #1533</b>	<b>Uniform Sub-Division Platoon #5 11:00AM-7:30PM</b>	<b>Uniform Sub-Division Platoon #1 10:30PM-7:00AM</b>
<b>Officer Jordan Hensley I.D. #1509</b>	<b>Uniform Sub-Division Platoon #5 11:00AM-7:30PM</b>	<b>Uniform Sub-Division Platoon #1 10:30PM-7:00AM</b>
<b>Officer Jamil Talley I.D. #1526</b>	<b>Uniform Sub-Division Platoon #5 11:00AM-7:30PM</b>	<b>Uniform Sub-Division Platoon #1 10:30PM-7:00AM</b>
<b>Officer Dylan Carmany I.D. #1492</b>	<b>Uniform Sub-Division Platoon #5 11:00AM-7:30PM</b>	<b>Uniform Sub-Division Platoon #4 7PM-3:30AM</b>
<b>Officer Tori Chamberlin I.D. #1512</b>	<b>Uniform Sub-Division Platoon #5 11:00AM-7:30PM</b>	<b>Uniform Sub-Division Platoon #4 7PM-3:30AM</b>



Effective Monday, October 26, 2020, the following transfers\* are made in the Akron Police Department:

**REDACTED**

**Officer Logan Marcum  
I.D. #1508**

**Uniform  
Sub-Division  
Platoon #5  
11:00AM-7:30PM**

**Uniform  
Sub-Division  
Platoon #1  
10:30PM-7:00AM**

**Uniform  
Sub-Division  
Platoon #5  
11:00AM-7:30PM**

**Uniform  
Sub-Division  
Platoon #4  
7PM-3:30AM**

**\*Based on 2-year rule.**



**Kenneth R. Ball II  
Chief of Police**

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>REDACTED</b>	DIVISION POLICE UNIFORM	CLASS TITLE POLICE OFFICER
EVALUATION FROM 5/29/20 TO 5/29/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

PLEASE USE #2 PENCIL

EMPLOYEE ID

**REDACTED**

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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

EVALUATOR 1 ID

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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

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

**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 progressing as expected and is eager to continue learning. Officer **REDACTED** had 2 call offs this period. DS1300

**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 #: 1380/18530 DATE: 6/16/21

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 10180 DATE: 6/16/21

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11800 DATE: 6/22/21

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: *[Signature]* DATE: 6/22/21

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: *[Signature]*

SIGNATURE AND DATE: *[Signature]* 1380 6-22-21

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: *[Signature]* **REDACTED**