

CITY OF BILLINGS
Performance Appraisal Instrument
Police Personnel
Report Form



Type of Review

Mid-Year _____
(Date)

Annual _____
(Date)

Review Period

From: _____
To: _____

Employee: _____

POLICE DEPARTMENT**City of Billings
Performance Appraisal
Report Form**

Employee Classification/Title: _____

Supervisor: _____

Definition of Ratings

Superior: (5) Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

Exceeds Expectations: (4) Performance is consistently above adequate skill levels. Achieves performance objectives, often beyond expectations.

Meets Expectations: (3) Performance consistently meets job requirements. Achieves performance objectives as stated.

Needs Improvement: (2) Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

Unsatisfactory: (1) Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

*** Only whole numbers (no decimals) between 0 and 5 are allowed. ***

Performance Appraisal Ratings

	Mid Year RATING	Annual RATING
Knowledge		
1 Police department policy / Procedures / Regulations		
2 State criminal statutes / City ordinances / Traffic laws		
3 Laws of arrest / Search & seizure / Criminal procedures		
Report Writing	RATING	RATING
4 Organization & investigative details		
5 Grammar / Writing / Neatness		
6 Appropriate time used / Time management		
Interpersonal Skills	RATING	RATING
7 Attitude towards police work		
8 Acceptance of feedback		
9 Remains fair, impartial and professional while dealing with the public		
10 Is open and approachable to co-workers and members of the public		
11 Verbal communication skills		
Use and Care of Equipment / Work Area	RATING	RATING
12 General appearance and grooming		
13 Properly maintains issued equipment and workspace		
Officer Safety	RATING	RATING
14 Follows excepted safety practices		
15 Maintains composure and self-control		
16 Control of Conflict (verbal and physical skill)		
17 Exercises reasonable care to avoid injury to self and others		
18 Recognizes and deals effectively with dangerous situations		
Investigative Skill	RATING	RATING
19 Properly collects evidence, takes photographs and statements		
20 Can accurately diagnose the nature of the offense committed		
21 Makes routine decisions without assistance		
22 Approaches cases as a "problem solver" vs. a "report taker"		
23 Follows investigative procedures		
Initiative	RATING	RATING
24 Displays initiative		
25 Operates independently		
26 Functions as part of the team		

S = 5 EE = 4 ME = 3 NI = 2 U = 1

SCORE: 0.000 0.000

Overall Performance Summary:

Annual Total: #DIV/0!

Officer:

Date:

Officer's Strengths:

Suggested Areas of Improvement:

Comments Specific to Ratings:

(Use this area to explain specific categories that are significantly stronger or weaker)

Category:

Comments:

Category:

Comments:

Category:

Comments:

Category:

Comments:

Category:

Comments:

Mid Year Performance Objectives (only if necessary)

Evaluation Category Needing Improvement

(enter the category number, then describe the expectation and guidance offered).

**Failure to address the issues presented in this review may result in a substandard Annual Evaluation,
and may include the initiation of disciplinary action.**

Disciplinary Action:

Has the employee received any sustained disciplinary action during the evaluation year?

NO (If no proceed to next page)

YES (If yes please explain below)

Date: _____

Policy (number and section): _____

Policy Violation: _____

Verbal

Written

Due Process

Brief description of violation and counseling

Date: _____

Policy (number and section): _____

Policy Violation: _____

Verbal

Written

Due Process

Brief description of violation and counseling

Date: _____

Policy (number and section): _____

Policy Violation: _____

Verbal

Written

Due Process

Brief description of violation and counseling

Review Comments and Signatures:

Lieutenant Review (Mid year and Annual)

Comments:

Signature: _____

Date: _____

Title: _____

Captain Review (Annual only)

Comments:

Signature: _____

Date: _____

Title: _____

Assistant Chief / Chief Review (Annual only)

Comments:

Signature: _____

Date: _____

Title: _____

Immediate Supervisor's Signature: _____ Date: _____

Evaluation Meeting Conducted By: _____ Date: _____

Employee Signature: _____ Date: _____

Employee Comments: