

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

Knowledge		Mid Year RATING	Annual RATING
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: