



236 Grand Street

Waterbury, CT 06702

(203) 574-6761

Department of Human Resources – Civil Service, Room 202
POLICE DEPARTMENT PERFORMANCE APPRAISAL FORM

DEPT: WATERBURY POLICE DEPARTMENT OFFICER

DATE: _____

NAME: _____ EMPLOYEE# _____

TITLE: _____ APPRAISAL PERIOD: From _____ To _____

TYPE: [] Probationary HIRE DATE: _____

[] Annual DATE STARTED IN POSITION: _____

The purpose of this appraisal form is to open and document a discussion between a manager and an employee regarding job expectations and performance. This form may be used: for an employee development plan, as a component of a promotional exam or selection process, and to document disciplinary action.

Completing this appraisal:

1. Review the Performance Appraisal Policy
2. If you have any questions about the policy or reviewing employees contact Human Resources.
3. Fill in page 2 through 7 by indicating the appropriate rating.
4. Obtain next level manager signature. Department procedures may require Department Head sign-off.
5. Conduct a conversation with the employee regarding ratings.

Submit the Performance Review Record to Human Resources for review and permanent filing. Probationary failures must be approved by the Director of Personnel prior to meeting with the probationary employee.

PERFORMANCE LEVELS

OUTSTANDING- This is performance that is well beyond that required for the position. It is outstanding performance, definitely superior, exceptional or extraordinary.

ABOVE AVERAGE- This is performance that is better than expected of a fully competent employee. It is superior to what is expected, but is not of such rare nature to warrant an "outstanding" rating.

AVERAGE- This is the performance of a fully competent employee. It represents the degree of performance that meets the standards of the Waterbury Police Department.

NEEDS IMPROVEMENT - Performance does not meet expectations. Situation requires prompt attention and an action plan to address deficiencies.

Any employee receiving an evaluation of OUTSTANDING or NEEDS IMPROVEMENT requires the comment section to be completed. An evaluation of AVERAGE or ABOVE AVERAGE the comment section is optional.

JOB KNOWLEDGE

Knowledge of state statues and City of Waterbury ordinances.
Knowledge of how to apply them to the work performed

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POLICIES AND PROCEDURES

Knows department policies and procedures that must be followed. Interprets and applies policies and procedures in a manner consistent with the Waterbury Police Department

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WRITTEN COMMUNICATION SKILLS

Writes clear, concise, and accurate reports. Handles calls/cases in timely manner

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VERBAL COMMUNICATIONS SKILLS

Speaks clearly and makes self-understood. Tone, volume, and choice of words are appropriate to the situation.

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SAFETY

Exercises appropriate officer safety skill for specific situations

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DECISION MAKING

Accurately diagnoses situations and takes appropriate response. Draws reasonable inferences from observations and information

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ADAPTABILITY

Works well both independently and in a group with little to no supervision while providing a level of service in line with the mission and goals of the Waterbury Police Department.

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ATTENDANCE

Reports to work on time on scheduled days and hours

_____ **OUTSTANDING-** Employee is prompt and in regular attendance without the use of accrued sick time.

_____ **AVERAGE-** Employee is prompt and has used accrued sick time in accordance to the policies of the Waterbury Police Department.

_____ **NEEDS IMPROVEMENT** – Frequent absences or tardiness

EQUIPMENT

Properly cares for the equipment issued while ensuring it is in proper working condition at the beginning and end of each shift. Carries all issued equipment in accordance to the Waterbury Police Department guidelines.

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APPEARANCE

Conforms to the uniform appearance standards by division according to the Waterbury Police Department policies

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OVERALL EVALUATION

Employees receiving more than one NEEDS IMPROVEMENT cannot receive an Overall Evaluation of AVERAGE, ABOVE AVERAGE, or OUTSTANDING.

- _____ OUTSTANDING
- _____ ABOVE AVERAGE
- _____ AVERAGE
- _____ NEED IMPROVEMENT

EMPLOYEE COMMENTS

EMPLOYEE'S SIGNATURE: _____ Date _____
Signing this form only indicates that this form has been discussed with me.

Prepared by: _____ Signature: _____ Date: _____
(Supervisor Print Name/Rank)

Approved by: _____ Signature: _____ Date: _____
(Next Mgmt. Level Print Name/Rank)

Approved by: _____ Signature: _____ Date: _____
(Dept. Head Print Name/Rank)

FOR PROBATIONARY REVIEW ONLY: I DO ____ DO NOT ____ Recommend continued employment of this probationary employee.

***Required for Probationary Employees**

*Approved by: _____ Signature: _____ Date: _____
(Dept. Head Print Name/Rank)

Probationary Employees Only

Reviewed & Approved by: _____ Signature: _____ Date: _____
(Personnel Director-Print)