Orange County Sheriff's Office
Supervisory Performance Appraisal Form
Deputy Sheriff – Patrol

Name:_____ Employee #:_____
Hire Date:_____
Period Covered: From _____To _____

Evaluation and Criteria

Using the following numerical scale, assign the appropriate value to the tasks listed below. Select the number which best reflects your appraisal of the incumbent's performance and place it in the box. A rating of 5 or 1 must be justified in writing. Comments are encouraged for each section.

5-Exceptional
4-Above Satisfactory
3-Satisfactory
2-Below Satisfactory
1-Unsatisfactory

N/A – Not applicable

LEADERSHIP ABILITY

____Subordinates see the supervisor as a role model, and are able to get the correct answers to the questions sought after.
____Supervisor is up to date on new laws, policies, procedures, and equipment.
____Reports of subordinates are turned in on time, and if they aren't are caught in a timely manner.
____Only thorough reports of subordinates are approved, and gives guidance for corrective measures.
____Case reviews are done quarterly.
____Creates and environment of proactivity among subordinates.
____Effectively manages the division and delegates where appropriate.
____Acknowledges areas of weakness in the division and works towards corrective measures.
____Job knowledge is passed down to those less experienced.

Comments:_____

COMMITMENT TO DEPARTMENTAL GOALS, PROGRAMS AND OBJECTIVES

____Works with supervisor and co-workers in planning and building an effective team.
____New and additional assignments are accepted and performed.
____New methods are suggested and readily accepted to improve effectiveness and gain ways to resolve traffic and crime problems.
____Officer's objectives, efforts and talents are directed toward the needs of the citizens and the department.

Comments:_____

RESPONSE TO RADIO CALLS AND ASSIGNMENTS

____Response is made without delay.
____Transmissions are clear, concise, and courteous.
____Radio calls are not missed without a valid cause.
____Assistance provided is appropriate to the need or problem.
____Proper radio procedures are followed.

Comments:_____

INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS

____Appropriate investigative steps are taken.
____Investigations are thorough.
____Evidence is properly preserved, photographed, collected, and thoroughly described.
____Collected evidence is properly packaged, documented, and sent off for examination in a timely manner.
____Other divisions or agencies are properly notified as required.
____Meets and communicates with Commonwealth's Attorney's Office.
____Testimony in court accurately reflects accumulated evidence.
____Prepared for court cases with no unexcused court absences.
____Proper procedures followed and orders completed for destruction of evidence.

Comments:_____

APPREHENSION, ARREST AND PROCESSING OF CRIMINAL SUSPECTS

____All necessary information is included in arrest reports.
____Proper warrant procedures are followed.
____No substantiated complaints are received concerning the arrest actions taken.
____Adheres to department's policy on use of force.
____Uses safe arrest techniques, and does a thorough search of arrestees.
____Fingerprints are correctly taken for all non-permitted arrest warrants, and demonstrates proficiency with LIVESCAN.
____DNA samples are properly collected and proper procedures followed when DNA is required.

Comments:_____

ENFORCEMENT OF TRAFFIC REGULATIONS

____Takes initiative in enforcing traffic violations.
____Traffic is controlled as required by using the proper traffic control gestures.
____Actions taken are appropriate to the offense.
____Citations are rarely returned for correction.
____Warnings are issued where appropriate.
____Tickets are issued where appropriate.
____Accident investigations are thorough and reports are completed on time.
____Proactive in enforcing DUI violations.

Comments:_____

PERFORMANCE UNDER STRESSFUL, UNUSUAL OR EMERGENCY CONDITIONS

____When under unusual circumstances, no serious deviations from expected performance are demonstrated.
____Composure is maintained under stress.
____Handles difficult situations in a very confident and professional manner.
____Judgment results from sound evaluation of all factors involved.

Comments:_____

EXTERNAL PUBLIC RELATIONS

____No verbal abuse of citizens.
____Courtesy is demonstrated at all times to all people.
____Is tactful and displays good self-control when in contact with irate individuals.

Comments:_____

INTERNAL COMMUNICATION AND COOPERATION

____Completes assignments in harmony with others and is a good team worker.
____Problems which occur in work relationships are promptly resolved.
____Readily assists and backs up others.
____Trains and guides less experienced personnel.

Comments:_____

REPORT PREPARATION, SUBMISSION AND PRESENTATION

____Reports are submitted on time.
____Field notes are used and maintained.
____Reports are legible, concise, grammatically correct and contain all required information.
____Reports and information are rarely returned for correction.
____Proper interrogation and interview techniques are used.
____Evidence is preserved and thoroughly described.
____Reports contain all applicable paperwork, and photographs.

Comments:_____

USE, CARE AND MAINTENANCE OF EQUIPMENT

____Vehicles are not abused through poor driving habits.
____Equipment is not lost or damaged due to carelessness.
____Specified operating and safety procedures are followed in the use and maintenance of equipment.
____Cruisers are kept clean and serviced.
____Equipment is kept clean, taken care of, and always in working condition.
____Work area is kept clean and organized.
____Wears a bullet-proof vest at all appropriate times.

Comments:_____

CONFORMANCE TO DIRECTION AND DIRECTIVES

____Instructions are followed and assignments completed on schedule.
____Unassigned time is effectively utilized.
____Special attention is directed to high accident or crime areas.
____Work does not have to be closely supervised.
____Organizational ability and ability to multitask.

Comments:_____

COMPLIANCE TO POLICIES, PROCEDURES AND REGULATIONS

____Sheriff's Office policies, general orders, procedures, etc., are followed as prescribed or exceptions are approved by supervisor.
____Sick leave is not abused.
____Leave time is used only as authorized or specified.

Comments:_____

PHYSICAL CONDITION AND APPEARANCE

____Uniform and equipment are well kept and pride is taken in appearance.
____All physical standards prescribed by the department are met.
____Corrective measures recommended by physician or other designated health representative are followed in a timely manner.

Comments:_____

PROMOTION OF DEPARTMENTAL GOALS, PROGRAMS AND ACTIVITIES

____Is an active participant in the goal setting, project planning and needs assessment of the department.
____Supports and responds to the department's goals, programs, and activities.
____The department's needs, plans, and goals are communicated to subordinates.
____Plans, projects, and work activities are understood by subordinates, implemented as scheduled and produce intended results.
____Creative and innovative ideas are encouraged from subordinates and advanced whenever possible.

Comments:_____

TRAINING AND EVALUATION OF PERSONNEL

____New employees receive complete orientation, on-the-job training plus continuing feedback on performance.
____Evaluations and counseling of employees are done on an objective basis.
____Accomplishments are recognized and employee is suitably commended.
____Unsatisfactory performance is called to the attention of employee, documented and corrective action taken.
____All employees are given equal opportunity to train for both improved job skill levels and promotional positions.

Comments:_____

PERSONNEL ASSIGNMENT AND SUPERVISION

____Assignments are made in a fair and impartial manner considering the needs of the department and the capabilities of the employee.
____Subordinates understand instructions and job assignments with few and only minor problems occurring.
____Problems or deviations arising in established schedules, procedures and work activities are promptly confronted and corrected.
____Supervision is provided periodic feedback on subordinate's performance.
____Desired results (both quantity and quality of work expected from the group) are accomplished through subordinate personnel.

Comments:_____

CORE VALUES: Assign a numeric to each box, then list examples or actions that demonstrate how the employee embodies each core value. Complete all sections.

____Integrity: Employee's actions are guided by ethical and honest conduct.

____Leadership: Employee is an example to others.

____Service: Employee is responsive and service-oriented to meet customer needs.

Comments:_____

County Policy

____Is well versed in applicable county policies, knows where to find the most updated policy
____Follows all applicable county policies
____Makes appropriate inquiries as to the meaning or directives included in county policy before acting.
____Completes all county policy required forms and documents in a timely matter.

Comments: ____

CALCULATION OF RATING

A. TOTAL SCORES _____
B. NUMBER OF CATEGORIES _____
C. RATING DETERMINATION (A/B) _____

PERFORMANCE RATING _____

4.5-5.00 and no ratings below satisfactory –Exceptional
3.5-4.49 and no ratings below satisfactory – Above Satisfactory
2.5-3.49 and no unsatisfactory ratings – Satisfactory
1.5-2.49 – Below Satisfactory
0.0 – 1.49 – Unsatisfactory

Development and growth potential:
Include comments on employee's major strengths, accomplishments made during this review period and development achieved since the last performance evaluation.

Completed goals and objectives:
Review the results of goals and objectives completed within this performance cycle.

New goals and objectives:
List the objectives to be accomplished within the next performance cycle. Arrange in order of priority.

Additional comments by rating official:

Comments by rated employee:

By my signature, I acknowledge that I have received this performance evaluation. I understand that I may respond in writing if I disagree with any part of this evaluation.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by Sheriff: _____ Date: _____