MORRISTOWN BUREAU OF POLICE

EMPLOYEE EVALUATION REPORT - SWORN PERSONNEL

Employee Name:

Supervisor's Name:

Evaluation Period: **to**

Position/Functions:

	RATING OPTIONS **Instructions***: The following rating options shall be used in conjunction with the definitions contained within the written directive. "**3**"- Outstanding, "**2**" - Acceptable, "**1**" - Needs Improvement, and "N/A"- Not Applicable.*	
	EVALUATION CRITERIA	**RATING**
	KNOWLEDGE	
1	Knowledge and Application of Policies, Rules & Regulations, Written Directives	
2	Knowledge and Application of NJ Code of Criminal Justice (Title 2C)	
3	Knowledge and Application of Motor Vehicle and Traffic Laws of NJ (Title 39)	
4	Knowledge and Application of Constitutional Guidelines	
5	Knowledge and Application of Local Ordinances	
	PERSONAL TRAITS	
6	Attendance and Punctuality	
7	Required Equipment On Hand and Serviceable For Duty	
8	Display of Honesty, Ethics and Integrity	
9	Display of Judgment, Common Sense	
10	Display of Tenacity, Flexibility, Resourcefulness and Initiative	
11	Appearance, Grooming and Personal Hygiene	
12	Relationships with Fellow Employees	
13	Relationships with Supervisors	
14	Interaction with Victims, Witnesses and General Public	
15	Interaction with Violators, Suspects and Accused	
16	Response to Constructive Criticism	
17	Ability to Work Unsupervised	
	SKILLS and ABILITIES	
18	Computer Literacy	
19	Response to Calls and Assignments	
20	Completes Assigned Duties in Timely Manner	
21	Effort Applied to Non-stressful and Non-Critical Duties	
22	Effort Applied to Stressful and Critical Duties	
23	Effectiveness of Patrol Techniques	
24	Oral Communications Skills	
25	Written Communications Skills and Techniques	
26	Communications Procedures	
27	Officer Safety	
	LEADERSHIP	
28	Assigning Tasks, Duties and Responsibilities	
29	Evaluation and Assessment of Subordinates	
30	Training and Instructing Subordinates	
31	Leadership	

Narrative:

Employee's Signature:	**Date:**
Employee's signature does not constitute agreement, but only acknowledgment of having read and discussed this Evaluation Report. If you wish to provide comments, either in agreement or disagreement, please use the area provided below.	
Employee Comments:	
Supervisor's Signature:	**Date:**
Supervisory Review Signature:	**Date:**