EASTERN MICHIGAN UNIVERSITY

EMPLOYEE APPRAISAL REVIEW (EAR) FOR PUBLIC SAFETY

(Name) _____ (Position Title) _____ (Pay Level) _____ (Review Date) _____ (Year) _____

(Department) _____ (Supervisor) _____

Check one for each line ✔

GENERAL FACTORS	Refers to the Officer's:	Unable to	Low 1	2	3	4	High 5
Grooming, Dress and Bearing	appropriate dress and grooming as prescribed by policy						
Punctuality	practice of being prompt for prescribed schedule of working hours						
Adherence to Rules and Regulations	familiarity and following of the Department's rules and regulations						
Employee Relations	effectiveness in working with other officers						
Dependability	reliability with regard to an assigned task						
Resourcefulness	innovative ability						
Public Contact	communicative skills in all types of contact – in person, phone, correspondence, etc.						
Work Quality	accomplishment of work which is acceptable to the Department's standards						
Work Quantity	performance of work as required by the Department						

LAW ENFORCEMENT FACTORS	Refers to Officer's:						
Patrol Initiative	action as demonstrated by performance in implementing courses of action						
Knowledge of the Law	knowledge of the law at state and local levels as well as University ordinances and regulations						
Preliminary Investigation	actions taken in investigations						
Follow-up Investigations	capabilities in the area of follow-up investigations						
Report Preparation	quality report writing as it concerns content, clarity, conciseness and accuracy						
Traffic Enforcement Efforts	proficiency in enforcing (1) parking (top)/(2) moving violations (bottom)						
Security Efforts	initiating property checks of the dorms and other buildings						
Violator Contact	apprehension record, case resolution and disposition						
Knowledge of Criminal Investigation Techniques	manner of handling evidence						
Court Preparation and Presentation	pre–court preparation and ability to testify						
Firearms Proficiency/Safety	skill in meeting Department standards with individual weapons						

☐ Qualified ☐ Not Qualified

Range Officer _____

Form HR-210 (EAR) 06/89

NON-ENFORCEMENT FACTORS	Refers to the Officer's:	Check one for each line ✔					
		Unable to	Low				High
			1	2	3	4	5
University and Community Relations	capabilities in the areas of University and community relations						
Communication Procedures	proficiency in conveying ideas and thoughts to others						
First Aid and Care of Injured and Sick	proficiency in administering emergency first aid to victims						
Equipment Care/Operation/Authorization	knowledge/care and proper authority of Department equipment						
Fire Alarm Oparation	knowledge of the campus fire alarm systems						
University Support Services	performance when sent on non-enforcement runs						
Knowledge of Physical Plant and Campus Geographical Area	knowledge of the campus area						
Safety	knowledge and use of safety measures						

PERSONAL FACTORS	Refers to the Officer's:						
Attitude	attitude only as it affects the officer's work						
Temperament	competence in dealing with stress, excitement and criticism so they have a minor effect upon the officer's ability to operate effectively and efficiently						
Cooperation	willingness to accept work assignments without complaint and carry them through						
Judgment	decision-making capabilities						
Self-Improvement	professional shortcomings/assets						
Managing, Supervising or Directing People	managerial and supervisory skills in getting the job done through other people						
Organizational Ability							
Supports Supervisors	logical sequence in performing work						
Accepts Criticisms	cooperation with supervisor's decisions						
Support of the Department/University	reaction to criticisms						
Accomplishment of Personal Goals	support of goals of the Department/University						
	formulates and achieves goals						

SUPERIOR ☐	EXCELLENT ☐	GOOD ☐	BELOW AVERAGE ☐	POOR ☐
Normal Universe 5%	30%	50%	10%	5%

EVALUATOR'S COMMENTS

FOR ALL SCORES OF 1 AND 5, SUBMIT WRITTEN COMMENTARY ON AN ATTACHED SHEET SUBSTANTIATING EVALUATIONS

(Evaluator's Signature) (date) (Reviewing Authority's Signature) (date)

EMPLOYEE: By signing this evaluation of my performance, I certify that I have seen and understood it, but may not necessarily agree with the evaluation. I understand that I may submit an appeal of this appraisal in writing to my supervisor, with a copy to the Compensation/Benefits Office.

Distribution: Original — Personnel Office
2nd Copy — Department File
3rd Copy — Employee

(Employee's Signature) (date)