PAST PERFORMANCE APPRAISAL FORM

SUPERVISOR APPRAISAL

The Past Performance Appraisal Form below is used by the supervisor to evaluate an employee’s work performance on an annual basis.

| **Name** | |  | | | | | | | | | | | **Employee ID #** | | |  | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appraisal Period** | | | | | | | **Class Title** | | | | | | | | | **Grade** | | | | | **Position No.** | | | | | | |
|  | | | **to** |  | | |  | | | | | | | | |  | | | | |  | | | | | | |
| **Department/Division** | | | | | | | | | **Organizational Unit #** | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| **Form 544 Task Description**  *List major tasks developed from duties on position description Form 544.* | | | | | | | | | | | | | **% of Time (Weight)** | **Unsatisfactory (0)** | **Needs Improvement (1)** | | | | **Satisfactory (2)** | **Exceeds Satisfactory (3)** | | **Outstanding (4)** | | | **Total Rating Value** *% of time x rating*  **Ex. 0.4 x 1.0 = 0.40)** | | |
| **A** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **B** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **C** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **D** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **E** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **F** |  | | | | | | | | | | | |  |  |  | | | |  |  | |  | | |  | | |
| **TOTAL RATING VALUE:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **OVERALL APPRAISAL:** | | | | |  | Unsatisfactory  (0.00 – 0.50) |  | Needs Improvement  (0.51 – 1.50) | | |  | | Satisfactory  (1.51 – 2.50) | |  | | Exceeds Satisfactory  (2.51 – 3.50) | | | | | | |  | | Outstanding  (3.51 – 4.00) | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **ANNIVERSARY MERIT INCREASE**  *(Approved only if Overall Appraisal is rated as “successful performance” or above)* | | | | | | | | | | Anniversary Merit Increase is: | | | | | | | | | | | | | | | | | |
|  | | Approved | | |  | | | Not Applicable | | | | |  | | Not Approved | | |
| **PROBATIONARY STATUS** | | | | | | | | | |  | | Recommended permanent status | | | | | | | | | | | | | | | |
|  | | Recommended continuation of probation. (Attach Justification) | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Supervisor’s Signature  Reviewer’s Signature  Appointing Authority’s Signature | | | | | | | | | Date  Date  Date | CHECK APPROPRIATE BOXES | | | | | | | | | | | | | | | | | |
|  | | I have reviewed my position description (PG544) and it is accurate and current. | | | | | | | | | | | | | | | |
|  | | I agree with this appraisal. | | | | | | | | | | | | | | | |
|  | | I do not agree with this appraisal. | | | | | | | | | | | | | | | |
|  | | My comments are attached. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Employee’s Signature *(Only indicates Receipt)* | | | | | | | | | | | | | | | | | Date |

PAST PERFORMANCE ASSESSMENT FORM

The assessment form should be used to formally assess the work performance of an employee during a designated assessment period. The Past Performance Assessment form must be completed for **(1)** an employee’s probationary midpoint evaluation and **(2)** as a ratings justification for the annual Past Performance Appraisal Form. In addition, the form can be used to conduct the periodic performance assessment of an employee.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: Type of Performance Assessment** | | | | | | |
| A. |  | Probationary Midpoint (Mandatory) | | | | |
| B. |  | Periodic Performance Assessment (Optional) | | | | |
| C. | **** | Rating Justification (Mandatory) | | | | |
| **SECTION 2: Employee Information** | | | | | | |
| **Employee Name** | | |  | | | |
| **Employee ID#** | | |  | | | |
| **Assessment Period** | | |  | to |  |  |
| **Department** | | |  | | | |
| **Class Title/Grade** | | |  | | | |

| **SECTION 3: Employee Performance Assessment** |
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| **SECTION 4: Supervisor Recommendations** |
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|  | | PRINCE GEORGE'S COUNTY, MARYLAND  POSITION DESCRIPTION  PERFORMANCE STANDARDS | 1. DEPARTMENT/DIVISION | 2. D/D CODE | 3. POSITION |
|  |  |  |
| 4. EMPLOYEE NAME | 5. CLASS TITLE | | 6. GRADE |
|  | | |  | |  |
| 7. Working Title | | |
|  | | |
| 8. PLACE OF WORK (BUILDING, ADDRESS) | | | | 9. WORKING HOURS | |
|  | | | |  | |
| 10. NAME AND TITLE OF PERSON FROM WHOM YOU RECEIVE SUPERVISION OR DIRECTION | | | | | |
|  | | | | | |
| 11. NAMES AND TITLES OF PERSONS SUPERVISED BY YOU, IF ANY | | | | | |
|  | | | | | |
| 12. POSITION DESCRIPTION – Describe the work you do. Use a separate paragraph to group related tasks into major duties. Note approximate percent of time devoted to each major duty at left. | | | 13. PERFORMANCE STANDARDS - For each duty or task described at left, list one or several factors necessary to the satisfactory performance of that task. See instruction sheet for assistance in determining standards. | | |
| % | Use A, B, C, etc. | | Use A1, A2, A3, B1, B2, etc. | | |
|  | **Accountability Statement**: This position is that of law enforcement officer, upon whom public safety depends, which is develop to a high degree of efficiency and administered in such a manner as to assure the approval and respect of the public. Authority for this position is granted through the constitution of the state of Maryland to the Prince George’s County Council for the specific purpose of enforcing Maryland state laws and the codes and ordinances of Prince George’s County, Maryland. The incumbent in this position is authorized to carry out those duties and responsibilities in accordance with the established performance standards and is subject to reporting and justifying task outcomes to those above him/her in the Department's chain of command. The incumbent must meet and maintain the training standards set forth by the Prince George’s County Police Department. The incumbent treats all information, administrative or operational, as strictly confidential, not to be disseminated in any form unless expressly authorized. Confidential information may not be discussed with other County employees (including individuals in the Police Department), except for work-related reasons, under terms and conditions of the Maryland Public Information Act. The incumbent in this position is deemed “essential personnel” and is subject to report during standard or non-standard hours as operations necessitate. | | | | |

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