

EMPLOYEE NAME AND SHIELD NUMBER:\_\_\_\_\_



## SECTION I (Please print)

COMPLETE THE FOLLOWI	ING QUESTIONS. AL	JD ADDITIONAL	L PAGES WITH	EIVIPLOTEE NAIV	IE AND DATE IF NEEDED.
TITLE AND COLLEGE CAM	PUS:				
EVALUATION PERIOD COVERED FROMTO				·o	
Name and Title of Pers	son conducting thi	s appraisal: ˌ			
A. EVALUATION TYPE:	Provisional:	3 month	6 month	9 month	12 month
	Probationary:	3 month	6 month	9 month	12 month
_	Annual Perman	ent	Annua	al Provisional	
ATTENDANCE AND II	NCIDENTS: PIA	ase documer	nt attendance	only within th	is evaluation period
				•	is evaluation period
B. NUMBER OF TIMES LA					
C. NUMBER OF UNAUTHO	ORIZED ABSENCES:			_	
D. NUMBER OF SICK DAYS USED:					
E. Number of sick days not documented by a Doctor's note: :					
F. NUMBER OF INJURIES ON THE JOB:					
G. NUMBER OF DAYS ABSENT DUE TO ON THE JOB INJURIES:					
H. NUMBER OF ACCIDEN	ITS USING A CUNY	VEHICLE (acti	ual number of	f accidents):	
I. COMMENTS. (IF NEED	)ED):				_

EMPLOYEE NAME AND SHIELD NUMBER:\_\_\_\_\_

10. Makes appropriate decisions while responding to crisis situations and /or incidents		
11. Adheres to Use of Force regulations		
12. Adheres to all Campus policies		
13. Maintains composure in and control of conflict situations		
Technical Skills Comments:		

# CAMPUS PEACE

EMPLOYEE NAME AND SHIELD NUMBER:
DISCIPLINARY INFORMATION, COMMENDATIONS, AWARDS, MEMBERSHIP IN SPECIALIZED UNITS (IF APPLICABLE)

### Directions for calculating final average score

For Peace Officers Average items 1-22. For Sergeants and other Supervisory staff Average items 1-34. Exclude any items that were rated as N/A when computing the final average score.

All scores must be reported to ONE decimal place - eg. 2.3. Ratings can be adjusted higher

EMPLOYEE NAME AND SHIELD NUMBER:\_\_\_\_\_ College Public Safety Director Signature Date Comments: College HR Director Signature Date Comments: