City of Coral Gables
Human Resources Department
Sergeant Performance Evaluation

Name_____ **Date**_____
Department_____ **Classification**_____
Division_____ **Evaluation Period:** **From:**_____**To:**_____
Purpose of Report: ☐ **Probationary** ☐ **Annual** **Other (explain)**_____
Number of Absent Hours: **Sick**_____ **Lost Time**_____

INSTRUCTIONS:
Review each trait of the employee's performance in their current job for period of time designated above. Place an X in the column which describes the employee's performance in that category. Explain and define your rating in the "COMMENT" section. In the overall rating section, place an X beside the rating which describes the employee's overall performance. Review your rating of the employee with your Division/Department Head. Finally, discuss the completed evaluation with the employee.

WORK HABITS

UNSATISFACTORY	NEEDS IMPROVEMENT	SATISFACTORY	ABOVE SATISFACTORY	
				Attendance
				Dependability
				Punctuality
				Use of time and materials
				Follows rules and regulations
				Follows safety regulations

COMMENTS

QUALITY AND QUANTITY OF WORK

				Job knowledge
				Follows job instruction
				Accuracy, neatness & thoroughness
				Volume of acceptable work
				Effectiveness under stress
				Ability to plan and organize
				Ability to make logical decisions

COMMENTS

COMMUNICATION

				Assisting the public
				Verbal skills
				Writing skills (if applicable)

COMMENTS

Sergeant Performance Evaluation

UNSATISFACTORY	NEEDS IMPROVEMENT	SATISFACTORY	ABOVE SATISFACTORY	
				Cooperation with fellow employees
				Performance in new situations
				Initiative
				Accepts responsibility
				Accepts constructive criticism

INSTRUCTIONS:
Review each trait of the employee's performance in their current job for period of time designated above. Place an X in the column which describes the employee's performance in that category. Explain and define your rating in the "COMMENT" section. In the overall rating section, place an X beside the rating which describes the employee's overall performance. Review your rating of the employee with your Division/Department Head. Finally, discuss the completed evaluation with the employee.

ATTITUDE

COMMENTS

				Scheduling and coordinating
				Training and supervision
				Evaluating subordinates
				Leadership
				Utilization of materials
				Disciplinary control

SUPERVISORY SKILLS

COMMENTS

OVERALL RATING: Above Satisfactory ____ Satisfactory ____
Needs Improvement ____ Unsatisfactory ____

Supervisor Signature _____ Print Name _____ Date _____

Comments:

Division Commander Signature _____ Date _____

Assistant Chief Signature _____ Date _____

Chief of Police Signature _____ Date _____

Employee Signature (My signature on this evaluation indicates that I have had the opportunity to read and discuss the evaluation with my supervisor.) _____ Date _____

FOR HUMAN RESOURCES USE ONLY
ANNUAL PERFORMANCE EVALUATION SUMMARY

Employee current hourly rate: _____ Increase %: _____ Effective Date: _____

Employee new hourly rate: _____ Next Review Date: _____

Signature _____ **Date** _____