XAVIER UNIVERSITY OF LOUISIANA  
DEPARTMENT OF HUMAN RESOURCES  
PERFORMANCE EVALUATION PLAN  
FOR  
UNIVERSITY POLICE POSITIONS

Name of Employee ________________________________

Job Title _______________________________________

Department ______________________________________

____ Probationary Evaluation   Evaluation Period From _______ To _______

____ Annual Evaluation   Evaluation Period From _______ To _______

RATING SCALE DEFINITIONS

3  **Exceeds expectations:** Consistently exceeds expectations, demonstrates overall excellence.

2  **Meets expectations:** Consistently meets expectations, performs required responsibilities.

1  **Unsatisfactory:** Fails to perform duties and responsibilities according to standards, policies or procedures.

N/A  **Not applicable:** Category description does not apply to employee.

PROFICIENCIES

**LAW ENFORCEMENT SKILLS**

1. Completes tasks according to written and verbal instructions.            3  2  1  N/A

2. Understands and complies with department and university policies, procedures and regulations.   3  2  1  N/A

3. Ability to investigate incidents and accidents according to law enforcement standards. 3  2  1  N/A

4. Uses good judgment in assessing situations and making the correct decision.   3  2  1  N/A

5. Ability to mediate disputes and to control hostile situations.       3  2  1  N/A

6. Writes reports that are grammatically correct and meets law enforcement standards.   3  2  1  N/A
LAW ENFORCEMENT SKILLS (cont’d.)

7. Ability to identify potential problems and take appropriate actions. 3 2 1 N/A

CUSTOMER SERVICE SKILLS

1. Responds courteously to all inquiries. 3 2 1 N/A
2. Assist individuals in need or in crisis in a timely and courteous manner. 3 2 1 N/A

SAFETY

1. Performs tasks according to safety standards and procedures. 3 2 1 N/A
2. Reports unsafe conditions or safety violations. 3 2 1 N/A
3. Uses equipment including firearms in a safe manner. 3 2 1 N/A
4. Skilled in applying first aid or CPR. 3 2 1 N/A
5. Operates motor vehicles in a safe manner. 3 2 1 N/A
6. Report motor vehicle maintenance problems in a timely manner. 3 2 1 N/A
7. Bicycle patrol officers operate bicycles in a safe manner. 3 2 1 N/A

COMMUNICATION SKILLS

1. Ability to listen and understand what others are saying or writing. 3 2 1 N/A
2. Ability to provide accurate information to others. 3 2 1 N/A
3. Communicates with others in a courteous and professional manner. 3 2 1 N/A
4. Provides effective and accurate information to offices in the field. 3 2 1 N/A
5. Effectively dispatches officers according to the reported situation. 3 2 1 N/A
BEHAVIORAL SKILLS

1. Reports to work when scheduled.  
   3 2 1 N/A

2. Reports to work on time and returns from lunch and breaks on time.  
   3 2 1 N/A

3. Works effectively with co-workers, students, faculty and staff and contract workers.  
   3 2 1 N/A

4. Willing to work beyond scheduled work shift if required.  
   3 2 1 N/A

5. Willing to adapt to changes in policies, procedures and supervision.  
   3 2 1 N/A

6. Willing to learn new tasks.  
   3 2 1 N/A

7. Uniforms is worn in a clean and neat manner.  
   3 2 1 N/A

8. Keeps work area neat and clean  
   3 2 1 N/A

LEADERSHIP SKILLS

1. Ability to direct the work of others.  
   3 2 1 N/A

2. Ability to plan and organize own work and the work others.  
   3 2 1 N/A

3. Ability to analyze problems and develop solutions.  
   3 2 1 N/A

4. Ability to effectively train other staff.  
   3 2 1 N/A

RATING
Total Score _________ ÷ Number of Descriptions _________ = Rating _________

FOR PROBATIONARY EMPLOYEES ONLY:

Recommended For Regular Status  ____ Yes  ____ No
DESCRIBE THE GOALS THAT WERE TO BE ACHIEVED DURING THE CURRENT EVALUATION PERIOD (Use additional pages if necessary):

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DESCRIBE HOW THE EMPLOYEE ACHIEVED THEIR GOALS DURING THE CURRENT EVALUATION PERIOD (Use additional pages if necessary):

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GOALS TO BE ACHIEVED DURING THE NEXT EVALUATION PERIOD (Use additional pages if necessary):

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SUPERVISOR’S COMMENTS (Use additional pages if necessary):

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EMPLOYEE’S COMMENTS (Use additional pages if necessary):

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COMPLETED BY:

Signature of Supervisor ____________________________  Date

APPROVED BY:

Signature and Title ____________________________  Date

REVIEWED BY:

Signature of Employee ____________________________  Date