To: All Port Police Personnel

SUBJECT: SPECIAL ORDER – SUPERVISORY COMMENT FORM

The Department is reactivating the use of a form to be used for the purpose of documenting employee actions for evaluation purposes. This form is used to document both positive, as well as negative behaviors. The Department recognizes the importance of documenting positive behavior and actions. It is, of course, our hope that our employees’ actions will be of such a caliber as to result in primarily positive comments.

This form was previously known as the “Comment Card.” It has been revised so that its use is better defined and clear on its face. All supervisors are receiving training on its use to insure that its implementation is achieved in a uniform and equitable manner consistent with our policies.

Attached please find a copy of the new form which supervisors will be utilizing.

[Signature]
RONALD J. BOYD
Chief of Police

RJB:KJM:ks

Attachment
Entries in this Supervisory Comment Form comprise a record of incidents, events, examples of specific performance, discussions about career developments, or counseling sessions. None of the entries constitute formal commendations or discipline, nor are they a substitute for formal commendations or discipline when appropriate. This documentation is inherently a supervisory responsibility and is in conformance with existing policy as follows:

LAHD Employee Manual Section 2.110; LAPP Policy Manual Sections 1002 & 1026

Employees are entitled to write & submit a rebuttal within 30 days. After the Supervisory Comment Form is signed, place it (and the rebuttal when applicable) in the Division File. Information in a Supervisory Comment Form entry should be referenced in the employee’s next performance evaluation, however, the Supervisory Comment Form should not be placed in the employee’s personnel file.

Employee: ___________________________ Serial Number: ___________________________

Rank, First Name, Last Name

Employee Name ___________________________________________ Supervisor Name ___________________________

Employee Signature _______________ Date _______ Supervisor Signature ___________________________ Date ___________