

Purpose of the Survey

The intent of conducting an employee survey is to understand the potential impacts on employees in order to assist in mitigating these impacts. It is always best to receive “buy in” from our employees even though the reasons for the change will often take priority over individual inconveniences. In spite of this, it is best for the commands to solicit feedback and to take this feedback into consideration, in making the decision of whether to change working conditions.

Since one of the purposes of conducting the survey is to mitigate impacts, we recommend using the Department’s Groupwise email to distribute the survey. Doing so, will allow the command to confirm who the survey was sent to, who opened the survey email and who chose to participate with a response. Groupwise’s tracking capability can serve to keep both the command and officers accountable, in terms of equal access and participation.

It is critical that before any survey is conducted, the interested command receive support for the change from the Office of Operations. It is also imperative that a work load study be requested from the Office of Operations, Field Deployment Unit, and studied for impacts, prior to proceeding with any survey.

In following these steps, the command can ensure that their initial desire to change watch hours or to start/cancel a watch can be supported by empirical data and that it has been authorized by their chain of command. Once these steps are completed, it is then appropriate to conduct the survey.

River City Survey Sample

Proposed change of Watch 2 Hours

Current Watch 2 hours: 0600 hours-1800 hours

Suggested Watch 2 hours: 0500 hours-1700 hours

An operational plan is being considered that would change the current working hours of officers assigned to Watch 2. This change would aid in the response to radio calls and increase resources during peak hours of operation. Since this plan would directly affect the working conditions of the officers assigned to River City Division, we are requesting your response.

The current Watch 2 hours are 0600 hours to 1800 hours. The plan under consideration would change the Watch 2 hours to 0500 hours to 1700 hours. Please consider your response to this survey carefully.

Check one of the below boxes indicating whether you **support** the proposal, **do not support** the proposal, or if you are **indifferent** to the proposal. Should you choose to not support the proposal, please complete the additional comments section with your reasoning. Your input is very important and you are encouraged to share your thoughts.

The aforementioned operational plan is only under consideration. Thank you for your comments and consideration.

____ **I SUPPORT** the proposal of changing Watch 2 from 0600-1800 to 0500-1700.

____ **I DO NOT SUPPORT** the proposal of changing Watch 2 from 0600-1800 to 0500-1700.

____ **I AM INDIFFERENT** to the proposal of changing Watch 2 from 0600-1800 to 0500-0700.

Please share any concerns, suggestions, or additional comments you may have regarding the proposed Watch 2 change.

Please reply via Department email to ***** Serial No. *****, by typing your responses in the body of this email and ensure that all of your responses are contained in one email reply. The results of this survey will be forwarded to Employee Relations Group (ERG) after 14 calendar days. If you respond to this survey after this time period, your response will still be forwarded to ERG.

For management use only

File No.

Association/Union

Unit

GRIEVANCE RESPONSE

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)

Class title

Filing Date of Grievance Initiation

Dept./Bureau and Division

Section

Level of Review (Check One)

Informal
Discussion

☐

1st
Level

☐

2nd
Level

☐

3rd
Level

☐

What are the issues involved in this grievance?

****SEE ATTACHED****

What is your decision?

****SEE ATTACHED****

What is the basis for your decision?

****SEE ATTACHED****

Names of Supervisors and other persons with whom this grievance was discussed:

Reviewer's Signature

Title

Date

Reviewer's Name (Please Print)

Dept./Bureau

Division

Received by Grievant

(Signature)

Date

Grievance Response No.
NAME OF GRIEVANT
DEPT/BUREAU/DIV.
Page 2

What are the issues in this grievance?

What is your decision?

What is the basis for your decision?

GRIEVANCE INITIATION

File No.

Association/Union

Unit

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	
Dept./Bureau and Division	Section	Business Phone
Has this grievance been discussed with your Immediate Supervisor?	Date of discussion	
Name of Immediate Supervisor	Title	

What is the action or situation about which you have a grievance? (Be specific as to names, dates and locations.)

What do you think should be done about it?

What was the Supervisor's response?

What article of applicable Memorandum of Understanding (MOU) and/or Department Work Rules do you think have been violated?

Article of MOU	Department Work Rule	Date of Grievable Incident
----------------	----------------------	----------------------------

What other person, beside yourself, do you want notified of any hearings or actions taken on this grievance?

Name	Mailing Address
His/her role in the grievance	
Grievant's Signature	Date

Received by: _____

Immediate Supervisor's Signature _____

Date _____

GRIEVANCE INITIATION

File No.
Association/Union
Unit

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	
Dept./Bureau and Division	Section	Business Phone
Has this grievance been discussed with your Immediate Supervisor?	Date of discussion	
Name of Immediate Supervisor	Title	

What is the action or situation about which you have a grievance? (Be specific as to names, dates and locations.)

What do you think should be done about it?

What was the Supervisor's response?

What article of applicable Memorandum of Understanding (MOU) and/or Department Work Rules do you think have been violated?

Article of MOU	Department Work Rule	Date of Grievable Incident
----------------	----------------------	----------------------------

What other person, beside yourself, do you want notified of any hearings or actions taken on this grievance?

Name	Mailing Address
His/her role in the grievance	
Grievant's Signature	Date

Received by: _____

Immediate Supervisor's Signature _____

Date _____

GRIEVANCE APPEAL

File No. _____
Association/Union _____
Unit _____

For management use only

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	Filing Date of Grievance initiation
Dept./Bureau	Division	Section

1. I wish to appeal the Grievance Response signed by: (See Grievance Response)

Name	Title	Date
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1A. Level to which grievance is being appealed: **Check One**

2nd Level ☐ 3rd Level ☐ Arbitration ☐

Authorized Employee
Organization Representative
(if arbitration requested)

Signature _____

Title _____

Date _____

Reason for Appeal

Grievant's Signature

Date

Received by: _____

Immediate Supervisor's Signature _____ Date _____

OFFICIAL CORRESPONDENCE REVIEW

INITIATED BY: (NAME, BUREAU OR DIVISION, ETC.)		DATE	
Rank & Name		5/16/2019	
Area/Division			
(Request for Administrative Transfer or Downgrade)			
STAFF OFFICER ASSIGNED: (NAME, BUREAU OR DIVISION, PHONE EXTENSION, ETC.)			
ATTN	REVIEWED BY:	ATTN	REVIEWED BY:
	OFFICE OF THE CHIEF OF POLICE		OFFICE OF ADMINISTRATIVE SERVICES
	CHIEF OF STAFF		INFORMATION & COMMUNICATIONS SERVICES BUREAU
	EMPLOYEE RELATIONS GROUP		ADMINISTRATIVE & TECHNICAL SERVICES BUREAU
	CRITICAL INCIDENT MANAGEMENT BUREAU		PERSONNEL DIVISION
	OFFICE OF OPERATIONS		CONSENT DECREE BUREAU
	CENTRAL BUREAU		PROFESSIONAL STANDARDS BUREAU
	SOUTH BUREAU		
	WEST BUREAU		
	VALLEY BUREAU		
	SPECIAL OPERATIONS BUREAU		ADMINISTRATIVE OFFICE -- C.O.P.

70-15.75.0 (5/93)

Routing Instructions:

Administrative Transfers

1. First Stop: The bureau in your chain of command.

If your bureau is in the Office of Operations, the Second Stop (2) is the Office of Operations. If not, then,
2. Second Stop: Employee Relations Group
3. Final Stop: Personnel Division

4 stops total for OO entities

Downgrades

1. First Stop: The bureau in your chain of command.

If your bureau is in the Office of Operations, the Second Stop (2) is the Office of Operations. If not, then,
2. Second Stop: Employee Relations Group
3. Third Stop: Office of Administrative Services
4. Final Stop: Personnel Division

5 stops total for OO entities

INTRADEPARTMENTAL CORRESPONDENCE

Date
Reference No.

TO: Director, Office of Administrative Services

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR DOWNGRADE OF _____, SERIAL NO. _____, _____ AREA/DIVISION

It is requested that _____ be downgraded from his/her position as a _____. The employee received his/her advanced paygrade/bonus position on **(date)**, therefore, this request is submitted pursuant to **(select one: the Department's former rules for employees who received their advanced paygrade or bonus positions before October 30, 2009. - OR - Department Manual Section 3/763.55 for employees who received their advanced paygrade or bonus positions on or after October 30, 2009.)** This downgrade is requested because of (Articulate reasons for downgrade – must clearly demonstrate a failure or inability to satisfactorily perform the duties of the position. Be specific.).

I advised Officer _____ on **(date)** on his/her right to provide a written response to the proposed personnel action within 30 days. No response was received – OR – His/her written response is attached.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2010. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer,
_____ Area/Division

APPROVED:

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

SANDY JO MacARTHUR, Assistant Chief
Director, Office of Administrative Services

Attachments

Original Signed Request Acknowledgement Form
Performance Evaluation Report (Form 1.78)
Request for Transfer and/or Change in Paygrade (Form 1.40)
Employee's Written Response (if applicable)

Exemplar

**REASSIGNMENT TO A LOWER PAYGRADE REQUEST
ACKNOWLEDGEMENT**

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

ORIG. - Employee

TRIP. - Department

DUP - Personnel Dept.

QUAD. - Department

NOTICE TO CORRECT DEFICIENCIES

EMPLOYEE'S NAME	(First)	(Middle)	(Last)	DATE
CLASS TITLE				CLASS CODE
DEPARTMENT/PUBLIC WORKS BUREAU			BUREAU/DIVISION	
POLICE DEPARTMENT				
STATEMENTS OF DEFICIENCY (Use Reverse Side if Necessary)				

- DESCRIBE YOUR OBSERVATION:
- IDENTIFY THE EMPLOYEE'S THOUGHT PROCESS (optional):
- IDENTIFY **VALUES**, RULES, & POLICY :
- DESCRIBE WHAT COULD HAPPEN IF THE ACTIVITY CONTINUES:
- DESCRIBE WHAT THE EMPLOYEE SHOULD HAVE DONE:
- DESCRIBE EXPECTATIONS (optional):

CONSEQUENCES FOR NOT CHANGING (List only what you **realistically** intend to do if behavior doesn't change: do NOT inflate or exaggerate; do be creative, and don't be timid. If the misbehavior recurs, **do what you said you'd do**, and do it promptly).

If you behave in the same or a similar way again, any number of the following things will likely happen to you:

*[NOTE: only state the items that you **actually believe** will or should occur: don't list all of them. This is just a partial list of suggested options to select from]*

- | | |
|--|---|
| 1. A personnel Complaint will be initiated against you. | 7. You will be precluded from promotion. |
| 2. You will be reassigned to a position of lower paygrade. | 8. You will be made ineligible for assignment to one or more specialized units. |
| 3. You will be deselected from a bonus position. | 9. You will be precluded from working the field. |
| 4. You will be transferred to another Bureau. | 10. Your work hours and days off will be adjusted. |
| 5. You will be moved to a different work schedule. | 11. You will be removed from a specialized division. |
| 6. Your salary will be reduced through merit pay rate reduction. | |

Prepared by: _____, Serial No. _____

IMMEDIATE SUPERVISOR SIGNATURE	APPROVED BY	TITLE
<p>The purpose of this notice is to call the above deficiency to your attention, and give you an opportunity to correct it. A copy of this notice will be placed in your personnel file and may be considered in future disciplinary actions.</p>		
Without agreeing with the above, I certify that I have received a copy of this notice.	EMPLOYEE SIGNATURE	DATE

INTRADEPARTMENTAL CORRESPONDENCE

Date
Ref #

TO: Employee Relations Administrator

FROM: Commanding Officer, Operations-South Bureau

SUBJECT: REQUEST FOR TEMPORARY HIGHER LEVEL POSITION PAY FOR
[Rank, Paygrade, and Name] _____, SERIAL NO. _____, [DIVISION] _____

In accordance with Article 5.9 of the Police Officers, Lieutenant and Below Memorandum of Understanding No. 24, it is requested that _____, Serial No. _____, be granted temporary higher level position pay.

_____ has assumed the duties of a vacant [Civil Service Rank and Paygrade] due to the [Transfer, Retirement, Absence of] _____ Serial No. _____ left the position on _____, and _____ assumed the position effective _____.

_____ should receive temporary higher level position pay until _____, or he/she leaves the position, whichever occurs first.

If you have any questions, please contact _____, [Division] at _____.

APPROVED:

NAME, rank
Commanding Officer
_____ Area/Division

NAME, rank
Commanding Officer
_____ Bureau

Attachment (Please send copies of the Master Timebook or payroll sheet showing the incumbent having left and the Acting employee having taken over the position)

Buck Slip Routing:

1. Bureau
2. Employee Relations Administrator
3. Fiscal Operations Division

Sworn 56-Day Paygrade Waiver

I, [Employee's name and rank], Serial No. _____ understand and agree to the following:

- I am currently assigned to a position ordinarily occupied by an officer of higher paygrade than mine. That advanced paygrade is ordinarily [rank, paygrade, and title, e.g. "Sgt-II, AWC" or "P-3+1 SLO" or "Lt-2 Adjutant" etc.]
- The Department has a limited number of advanced paygrade positions it can fill at this time. However, the Department will make a good faith effort to fill this advanced paygrade position according to the budget, needs, priorities, and best interests of the Department.
- If I remain in this position beyond 56 consecutive days and up to 168 consecutive calendar days (6 DPs) will receive additional compensation of 2.75% of my regular salary base pay for each day so assigned beyond 56 days. Such compensation shall not be pension based.
- I will continue to be paid at my current paygrade for the first 56 consecutive days, not the higher paygrade, unless I am selected for and appointed to the advanced paygrade or continue in the same assignment up to 168 consecutive days.
- If the advanced paygrade position is opened for competitive selection, there is no guarantee that I will be selected for or given the advanced paygrade position.
- If the advanced paygrade position is opened and I am selected for and given the advanced paygrade position, I will not receive retroactive pay for the 56 day time period I occupied the position prior to being given the advanced paygrade.
- Management agrees that it is not the intent to use temporary pay assignments to circumvent the normal promotion or appointment process. In this regard, Management shall make a reasonable effort to fill vacancies in an expeditious manner. However, for the purposes of this Article, it is understood that whether a vacancy is to be temporarily filled shall be determined at the sole discretion of Management. In this same regard, nothing contained in this Article shall be construed or interpreted as requiring Management to temporarily fill a vacancy.
- No employee shall be temporarily deployed to a position more than one rank above that employee's rank.
- Unless I receive a permanent appointment to the higher level position, I shall be returned to my original position at the conclusion of the temporary assignment.
- If I accept a temporary higher level position, but refuse the additional compensation provided for I shall forfeit the right to grieve the compensation loss.

Sworn 56-Day Paygrade Waiver

Employee's Signature

Date Signed

[supervisor must witness employee signature and sign here]

Witnessing Supervisor's Signature

[Supvr's Ser. No.]

Serial No.

Signature of Commanding Officer Approving

Serial No.

*Original to Commanding Officer's Waiver File;
one copy to employee; one copy to employee's divisional folder,
one copy to ERA with 15.2 request.*

ERA Jun07

EMPLOYEE COMMENT SHEET**Employee:****Serial #:****Division:****Period Covered: From****To:**

Note: Employees may provide a written response to any comment within 30 days after reviewing the comment.

Incident Date	Comment	Spvr Comment	Emp Init	Review Spvr & Date
	<p>This is what the employee did or what the supervisor observed:</p> <p>"On January 2, 2015, I observed you leave your shotgun unattended on the roof of your vehicle..."</p> <hr/> <p>(NOTE: This next portion is optional to include in the comment card however this should be discussed with the employee)</p> <p>Identify the employee's thought process: Ask the employee, "What was going through your mind when you decided to..." prior to completing this section.</p> <p>"You indicated to me that you turned your attention away from the shotgun for one-minute while you greeted another officer. You did not feel your actions were negligent."</p> <hr/> <p>Values, rules, & policy discussion on what could happen if this activity continues: Describe the Department values and the employee's role in maintaining them.</p> <p>"Maintaining control of a weapon has a direct impact on your personal safety, the safety of other officers and the public. Failing to maintain control of a weapon could result in injury, death, and litigation."</p> <hr/> <p>What will the employee do differently and why? Allow the employee to identify how to correct the behavior and provide rationale on why it is important.</p> <p>"You indicated to me that in the future, you will not allow your attention to become diverted from maintaining physical control your weapon, even for a moment. You also articulated an understanding that failing to control your weapon could result in its loss or injury."</p> <p>You may also identify future expectations.</p> <p>"In the future, I expect you to maintain physical control of your weapons at all times."</p>			

INTRADEPARTMENTAL CORRESPONDENCE

Date
Reference No.

TO: Director, Office of Administrative Services

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR DOWNGRADE AND ADMINISTRATIVE TRANSFER OF
_____, SERIAL NO. _____, _____ AREA/DIVISION

It is requested that (employee name, rank, SN) be downgraded from his/her position as a _____. The employee received the advanced paygrade/bonus position on (date), therefore, this request is submitted pursuant to (select one: the Department's former rules for employees who received their advanced paygrade or bonus positions before October 30, 2009. - OR - Department Manual Section 3/763.55 for employees who received their advanced paygrade or bonus positions on or after October 30, 2009.) This downgrade is requested because of (Articulate reasons for downgrade – must clearly demonstrate a failure or inability to satisfactorily perform the duties of the position. Be specific.).

In addition, it is further requested due to the reasons set forth above that (employee name, rank) be administratively transferred from _____ Area/Division in accordance with Department Manual Section 3/762.35. I met (employee name, rank) and he/she (agreed/disagreed) with the administrative transfer.

I advised Officer _____ on (date) on his/her right to provide a written response to the proposed personnel action within 30 days. No response was received – OR – His/her written response is attached. If this administrative transfer request is approved, (employee name) requests consideration for administrative transfer to one of the following commands in the order listed:

1. _____
2. _____
3. _____

NOTE: The choice of assignment should include two different bureaus. Only employees reassigned from a specialized command may include one specialized command in their choices.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2010. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer

Director, Office of Support Services

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Ref #

_____ Area/Division

APPROVED:

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

SANDY JO MacARTHUR, Assistant Chief
Director, Office of Administrative Services

Attachments

Original Signed Request Acknowledgement Form
Performance Evaluation Report (Form 1.78)
Request for Transfer and/or Change in Paygrade (Form 1.40)
Employee's Written Response (if applicable)

**ADMINISTRATIVE TRANSFER & REASSIGNMENT TO A LOWER
PAYGRADE REQUEST ACKNOWLEDGEMENT**

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

INTRADEPARTMENTAL CORRESPONDENCE

Date

Reference No.

TO: Commanding Officer, Personnel Division (for administrative transfers only)

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR ADMINISTRATIVE TRANSFER OF _____,
SERIAL NO. _____, _____ AREA/DIVISION

It is requested that (employee name, rank, SN) be administratively transferred from _____ Area/Division in accordance with Department Manual Section 3/762.35. This administrative transfer is requested because of (articulate reasons for administrative transfer: employee request, medical restriction, duty restriction, refreshing or enhancing employee performance, resolving a conflict within a command, reduction in paygrade, or deselection from a bonus position). **NOTE: It is best not to provide specific details in this 15.2. The details should be kept in the Area/Divisional records in case the transfer is contested.**

Pursuant to Department Manual Section 3/762.35, I met with (employee name) and discussed the reason for the administrative transfer. (Employee name) (agreed/disagreed) with the administrative transfer. If this administrative transfer request is approved, (employee name) requests consideration for administrative transfer to one of the following commands in the order listed:

1. _____
2. _____
3. _____

NOTE: The choice of assignment should include two different bureaus. Only employees reassigned from a specialized command may include one specialized command in their choices.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2009. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer
_____ Area/Division

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

Attachment

ADMINISTRATIVE TRANSFER REQUEST ACKNOWLEDGEMENT

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

DESELECTION FROM ADVANCED PAYGRADES & BONUS POSITIONS

STEP-BY STEP CHECKLIST

This document is intended to provide guidance to commanding officer on the procedures for deselecting sworn employees from advanced paygrade and bonus positions. Any question about these guidelines should be directed to Employee Relations Group at (213) 486-7600.

These rules do not apply to lieutenants. They only apply to sergeants, detectives and police officers.

STEP 1: Determine when the employee was first assigned to the advanced paygrade or bonus position.

If assigned prior to **October 30, 2009**: follow the “**OLD RULES**” below.

If assigned on or after **October 30, 2009**: follow the “**NEW RULES**” below.

OLD RULES – Assigned prior to October 30, 2009 (formerly Dept. Manual 3/763.55 and 3/763.60)

For the following types of deselections:

- Employee request
- End of tour (e.g., Vice)
- Position eliminated

Procedure:

- ☐ Notify the employee.
- ☐ Complete Form 1.40 (Transfer and/or Change in Paygrade) & send to Personnel Division.

For “not satisfactorily performing duties” (i.e., failure to perform):

Procedure:

- ☐ Immediate supervisor (e.g., Sgt, DII/DIII, Lt, Capt or above) becomes aware employee is “not satisfactorily performing the duties” of the advance paygrade or bonus position.
- ☐ Without delay, counsel the employee, and then,
- ☐ Complete and serve a Notice to Correct Deficiencies (NTCD)
 - State the specific deficiency, and
 - State what action(s) is needed to improve to performance standards, and
 - Warn that a failure to improve will result in a deselection from the advanced paygrade or bonus position.

If there is no improvement or another similar incident of failure to perform:

- ☐ Complete a Comment Card describing the subsequent performance failure.

DESELECTION FROM ADVANCED PAYGRADES & BONUS POSITIONS STEP-BY STEP CHECKLIST

- ☐ Complete a "Special" Standards Based Assessment (SBA). Check "Unsatisfactory." Attach the prior NTCD and the most recent Comment Card(s) to this SBA and check the appropriate "Needs Improvement" box.
- ☐ **Immediately** assign the employee to duties not associated with an advanced paygrade or bonus assignment.
 - Prepare a 15.2 to the employee with a direct order not perform any duties associated with advanced paygrade or bonus position until further notice.
 - Have the employee sign an acknowledgement of receipt for the order.
 - Give the employee the original 15.2; keep a copy of the signed 15.2 and acknowledgement.
- ☐ Complete a 15.2 to the Director, Office of Administrative Services requesting a deselection.
 - Consult with ERG before writing 15.2.
 - Use the 15.2 exemplar from the ERG webpage.
 - Attach a completed Form 1.40.
- ☐ Serve the SBA and the Downgrade/Deselection 15.2 to the employee.
 - Have the employee sign the 15.2 acknowledgement of receipt form.
 - Advise the employee has 30 days to submit a written response (Form 15.7).

Note: If you wish to administratively transfer in conjunction with the deselection:

- Include the Admin Transfer paragraph in the 15.2 (use the ERG exemplar for Deselection and Admin Transfer).
 - Get 3 "wishes" from employee for desired new division of assignment
 - If presently assigned to Geographic Area, must split choice between 2 geographic bureaus.
 - If presently assigned to a specialized division, may select 1 specialized division among their 3 choices.
-
- ☐ Hold the 15.2 for 30 days for employee response.
 - Attach response if one is received to the 15.2.
 - Send 15.2, 1.40, SBA and employee response (if applicable) via chain of command and ERG to OAS.
 - Follow the ERG Buck Slip exemplar from the ERG webpage
 - Can send immediately upon receipt of employee response.

DESELECTION FROM ADVANCED PAYGRADES & BONUS POSITIONS STEP-BY STEP CHECKLIST

Exception Clause

If the failure or inability to perform necessitates an immediate need to deselect (usually due to misconduct):

- ☐ Immediate supervisor (only Capt or above) becomes aware employee has “clearly demonstrated a failure or inability to satisfactorily perform the duties” of the advance paygrade or bonus position.
- ☐ **Immediately** assign the employee to duties not associated with an advanced paygrade or bonus assignment.
 - Prepare a 15.2 to the employee with a direct order not perform any duties associated with advanced paygrade or bonus position until further notice.
 - Have the employee sign an acknowledgement of receipt for the order.
 - Give the employee the original 15.2; keep a copy of the signed 15.2 and acknowledgement.
- ☐ **“Without Delay,”** complete and serve to the employee a 15.2 to the Director, Office of Administrative Services requesting a deselection.
 - Consult with ERG before writing 15.2.
 - Use the 15.2 exemplar from the ERG webpage.
 - Attach a completed Form 1.40.
 - Have the employee sign the 15.2 acknowledgement of receipt form.
 - Advise the employee has 30 days to submit a written response (Form 15.7).

Note: If you wish to administratively transfer in conjunction with the deselection:

- Include the Admin Transfer paragraph in the 15.2 (use the ERG exemplar for Deselection and Admin Transfer).
 - Get 3 “wishes” from employee for desired new division of assignment
 - If presently assigned to Geographic Area, must split choice between 2 geographic bureaus.
 - If presently assigned to a specialized division, may select 1 specialized division among their 3 choices.
-
- ☐ Hold the 15.2 for 30 days for employee response.
 - Attach response if one is received to the 15.2.
 - Send 15.2, 1.40, and employee response (if applicable) via chain of command and ERG to OAS.
 - Follow the ERG Buck Slip exemplar from the ERG webpage
 - Can send immediately upon receipt of response.

Note: When the actions that demonstrated a failure or inability to satisfactorily perform the advance paygrade/bonus duties result in a complaint investigation (1.28):

- Complete the deselection process above **PRIOR** to the adjudication and disposition of the complaint.

DESELECTION FROM ADVANCED PAYGRADES & BONUS POSITIONS

STEP-BY STEP CHECKLIST

NEW RULES – Assigned on or after October 30, 2009 (Dept. Manual 3/763.55)

For the following types of deselections:

- Employee request
- End of tour (e.g., Vice)
- Position eliminated

Procedure:

- ☐ Notify the employee.
- ☐ Complete Form 1.40 (Transfer and/or Change in Paygrade) & send to Personnel Division.

When the commanding officer determines an employee is “unable or unwilling to perform the duties of the position,”

- You will need performance documents (i.e., Comment Cards and/or NTCD's) to show evidence the employee was unable or unwilling to perform. These need to have been completed when the performance incidents occurred.

– OR –

The commanding officer determines the employee committed a single act that merits deselection (may or may not be misconduct):

Procedure:

- ☐ **Immediately** assign the employee to duties not associated with an advanced paygrade or bonus assignment.
 - Prepare a 15.2 to the employee with a direct order not perform any duties associated with advanced paygrade or bonus position until further notice.
 - Have the employee sign an acknowledgement of receipt for the order.
 - Give the employee the original 15.2 and keep a copy of the signed 15.2 and acknowledgement.
- ☐ Complete a 15.2 to the Director, Office of Administrative Services requesting a deselection.
 - Consult with ERG before writing 15.2.
 - Use the 15.2 exemplar from the ERG webpage.
 - Attach a completed Form 1.40.
- ☐ Serve the 15.2 to the employee.
 - Have the employee sign the 15.2 acknowledgement of receipt form.
 - Advise the employee has 30 days to submit a written response (Form 15.7).

DESELECTION FROM ADVANCED PAYGRADES & BONUS POSITIONS STEP-BY STEP CHECKLIST

Note: If you wish to administratively transfer in conjunction with the deselection:

- Include the Admin Transfer paragraph in the 15.2 (use the ERG exemplar for Deselection and Admin Transfer).
- Get 3 "wishes" from employee for desired new division of assignment
 - If presently assigned to Geographic Area, must split choice between 2 geographic bureaus.
 - If presently assigned to a specialized division, may select 1 specialized division among their 3 choices.
- ☐ Hold the 15.2 for 30 days for employee response.
 - Attach response if one is received to the 15.2.
 - Send via chain of command and ERG to OAS
 - Follow the ERG Buck Slip exemplar from the ERG webpage
 - Can send immediately upon receipt of response.

Note: This procedure may be completed prior to the adjudication or disposition of an associated personnel complaint.

INTRADEPARTMENTAL CORRESPONDENCE

DATE
15.2

TO: Commanding Officer, Personnel Division

FROM: Commanding Officer, Emergency Services Division

SUBJECT: REQUEST FOR REASSIGNMENT OF LIEUTENANT II -----, SERIAL No. -----

It is requested that Lieutenant II -----Serial No. -----, be reassigned from his current position at ----- Division, to ----- Division, in accordance with Department Manual Section 3/763.72. I met with Lieutenant ----- and discussed this reassignment and the reasons with him/her. This reassignment is based upon the immediate needs and best interests of the Department. I met with Lieutenant-----and he/she agrees with the proposed action.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2009.

If you have any questions, please contact me at (XXX) XXX-XXXX.

Captain
Commanding Officer
Emergency Services Division

APPROVED:

, Deputy Chief
Commanding Officer
XXXX

TRANSFER REQUEST ACKNOWLEDGEMENT

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

INTRADEPARTMENTAL CORRESPONDENCE

Date
Reference No.

TO: Director, Office of Administrative Services

FROM: Commanding Officer, _____ Area/Division

SUBJECT: REQUEST FOR DOWNGRADE OF _____, SERIAL NO. _____, _____ AREA/DIVISION

It is requested that _____ be downgraded from his/her position as a _____. The employee received his/her advanced paygrade/bonus position on (date), therefore, this request is submitted pursuant to (select one: the Department's former rules for employees who received their advanced paygrade or bonus positions before October 30, 2009. - OR - Department Manual Section 3/763.55 for employees who received their advanced paygrade or bonus positions on or after October 30, 2009.) This downgrade is requested because of (Articulate reasons for downgrade – must clearly demonstrate a failure or inability to satisfactorily perform the duties of the position. Be specific.).

I advised Officer _____ on (date) on his/her right to provide a written response to the proposed personnel action within 30 days. No response was received – OR – His/her written response is attached.

This request was discussed with Sergeant A. Smith, Serial No. 12345, Employee Relations Group, on January 1, 2010. If you have any questions, please contact me at (XXX) XXX-XXXX.

Division Signature Block, Captain
Commanding Officer,
_____ Area/Division

APPROVED:

APPROVED:

Bureau Signature Block, Deputy Chief
Commanding Officer
Operations-_____ Bureau

SANDY JO MacARTHUR, Assistant Chief
Director, Office of Administrative Services

Attachments

Original Signed Request Acknowledgement Form
Performance Evaluation Report (Form 1.78)
Request for Transfer and/or Change in Paygrade (Form 1.40)
Employee's Written Response (if applicable)

EXemplar

**REASSIGNMENT TO A LOWER PAYGRADE REQUEST
ACKNOWLEDGEMENT**

I, _____, acknowledge that I received a copy of this request.
Print Employee's Name Here, Serial No.

Employee's Signature

Date

Print Name & Serial No. of Person Serving

Signature of Person Serving

FORMER RULES; FOR EMPLOYEES WHO RECEIVED THEIR ADVANCED PAYGRADE OR BONUS POSITION **BEFORE** OCTOBER 30, 2009:

REASSIGNMENT TO A LOWER PAYGRADE POSITION. An officer below the rank of lieutenant in an advanced paygrade position may be reassigned to a lower paygrade position within his/her classification when one of the following conditions exists:

- An officer requests reassignment; or,
- An officer completes a fixed tour of duty in a position; or,
- A position is eliminated; or,
- When an officer clearly demonstrates his/her failure or inability to satisfactorily perform the duties of the position.

REASSIGNMENT TO A LOWER PAYGRADE OR DESELECTION FROM A BONUS POSITION FOR FAILURE OR INABILITY TO SATISFACTORILY PERFORM THE DUTIES OF AN ADVANCED PAYGRADE OR BONUS POSITION. When an officer's immediate supervisor becomes aware that the officer is not satisfactorily performing the duties of his or her advanced paygrade position, the supervisor shall, without delay, counsel the officer regarding deficiencies; complete a Notice to Correct Deficiencies, Form General 78; and cause the form to be approved and distributed. When the officer continues to demonstrate a failure to satisfactorily perform the duties of the position, the officer's commanding officer shall:

- Cause the completion of a Standards Based Assessment – Lieutenants and Below, Form 01.87.00;
- Complete a Request for Transfer and/or Change in paygrade, Form 01.40.00;

Note: When an administrative transfer is determined appropriate for an employee as a result of reassignment to a lower paygrade or deselection from a bonus position, the commanding officer shall refer to Manual Section 3/762.35 regarding administrative transfers.

- Complete an Intradepartmental Correspondence, Form 15.02.00, citing the reasons for recommending reassignment to a lower paygrade or deselection from a bonus position and include a statement that the officer was advised of the right to provide a written response to the proposed personnel action within 30 days of the date of Notice;
- Provide the employee copies of the documents;
- Maintain original documentation until the officer's response is received or 30 days have passed; and,
- After receiving a written response (or 30 days have passed, without a response), attach the original written response to the 15.2 and forward all documentation through channels to the Director, Office of Administrative Services. A copy of the officer's response shall be attached to the officer's Standards Based Assessment, which shall be filed in the officer's personnel files.

Exception: When an officer clearly demonstrated failure or inability to satisfactorily perform the duties of his or her advanced paygrade position, indicate the need for an immediate reassignment in the best interests of the Department, the commanding officer shall temporarily place the officer in a lower paygrade assignment and shall, without delay, forward a Form 15.02.00, and a Form 01.40.00 through channels to the Director, Office of Administrative Services. The officer shall receive the same paygrade salary pending the concurrence of the Director, Office of Administrative Services, in the recommendation that the officer be reassigned to a lower paygrade.

Note: When the actions which demonstrate the officer's failure or inability to satisfactorily perform the duties of his or her position also result in the initiation of a complaint, the reassignment to a lower paygrade position normally shall be accomplished prior to the adjudication and disposition of the complaint. When an officer in an advanced paygrade position is to be reassigned for failure or inability to satisfactorily perform the duties of the position, such reassignment may be accomplished by voluntary acceptance of a lower paygrade position.

Loss and Reinstatement of Eligibility Status. An officer involuntarily reassigned to a lower paygrade position as a result of his or her unsatisfactory performance of duty shall lose current qualification for paygrade advancement and shall be required to reestablish qualification for paygrade advancement by passing a subsequent paygrade advancement evaluation.

Los Angeles Police Department
STANDARDS BASED ASSESSMENT
Lieutenant and Below

GUIDELINES FOR COMPLETING THE REPORT

Not Applicable

Indicate items not applicable by striking through (example) the text of the check box(es). Explain the reason why the item is not applicable in the space below. **All** not applicable items must be explained. Use a black or blue pen to draw a line through any Meets or Exceeds box that is not applicable for this employee (leave the box blank if the skill is checked in the Needs Improvement column). In space provided below NOT APPLICABLE, identify the box lined out and explain why it is not applicable.

For Example:

D. This employee's duties do not include citizen contact; therefore he has not received any citizen commendations.

- OR -

E. The first two standards do not apply to the duties of this employee. The employee was not the subject of a Department generated integrity audit during this assessment period.

Part 2 – Overall Rating:

Check **Satisfactory** or **Unsatisfactory**: – Self-explanatory

TRAINING REVIEW (Must be completed):

Review TEAMS report and assess the training completed during the assessment period. Explain how relevant the training received was to overall performance. What training or other learning experiences would you recommend for this employee's performance and development plan? Be specific and explain the connection between the training and the duties, tasks, and skills associated with this employee's assignment.

SIGNATURES – Self-explanatory.

Supervisor and Field Training Officer Supplements

These sections are completed in the same manner as Part 1 of the primary Standards Based Assessment.

Los Angeles Police Department
STANDARDS BASED ASSESSMENT
Lieutenant and Below

GUIDELINES FOR COMPLETING THE REPORT

The following has been developed to assist supervisors when completing a Standards Based Assessment, Form 01.87.00, for employees of the ranks of lieutenant and below. There are two parts to the form plus unique supplements for assessments of supervisors and field training officers. These guidelines will provide information on how to prepare for completing assessments and how to complete each section of the form.

Preparing to Write an Assessment

The Standards Based Assessment (SBA) is designed to reflect factual employee performance or behavior. To do this, supervisors need to observe and document performance and behavior when it happens. The proper performance reports for documenting these observations are the Employee Comment Sheet (Comment Card), Form 01.77.00, Commendation Report, Form 01.18.00, Minor Commendation Report, Form 01.27.00, or Notice to Correct Deficiencies (NTCD), Form General 78.

As a general rule, supervisors should complete a minimum of one (1) Comment Card every Deployment Period (DP) for each employee in their den/unit, and Minor Commendations or NTCDs as appropriate. These should reflect observations of performance/behavior that meets the standards of the unit or command. Exceptional performance should be documented on a Commendation.

Comment Cards addressing sub-standard performance/behavior should describe the facts of the incident, what the standard of performance/behavior is, how the employee can achieve the standard, and explain why the standard matters. A Comment Card **shall not** state that future sub-standard performance will result in further discipline.

Supervisors should also meet regularly with each employee in their den/unit to discuss the employee's performance, goals, and how the employee can best meet the objectives of the unit/command. A TEAMS II Supervisor Action Item (SAI) should be created to record these meetings.

<u>Performance Oversight Summary</u>	
Daily in the Field <ul style="list-style-type: none">• Observe performance• Interact with employee (debrief, discuss, provide training)• Document observations (Comment Card, Commendation, NTCD)	Documentation <ul style="list-style-type: none">• Minimum 1 per DP• Format:<ul style="list-style-type: none">- Facts to describe employee actions- What the standard of performance is- How to meet the standards- Why the standard matters

Los Angeles Police Department
STANDARDS BASED ASSESSMENT
Lieutenant and Below

GUIDELINES FOR COMPLETING THE REPORT

Completing the Form

Administrative Section:

RMIS Action Item No.: Enter the corresponding TEAMS II RMIS Action Item number.

Type of Evaluation boxes, Anniversary Date of Current Rank, Name, Serial No., Rank, and Period Covered: Self-explanatory.

Assignment: Enter bureau, Area, or division name and unit if applicable.

Job Description: Briefly describe the specific duties of the assignment. Examples:

Assignment: <i>Hollywood Area-Patrol</i>	Job Description: Crime response & preliminary investigation, traffic enforcement, handle calls for service, community policing.
Assignment: <i>Planning & Research Div. – Staff Researcher</i>	Job Description: Research and write Orders and directives.

Part 1 – Specific Performance:

Part 1 is divided into six (6) categories of performance:

- A. Skills Required to Perform Current Assignment
- B. Initiative and Productivity
- C. Communication
- D. Personal Interactions
- E. Integrity
- F. Acceptance of Responsibility

Each category is defined and described on the form. Beneath the performance examples are two levels of standards: Meets or Exceeds Standards, and Needs Improvement. Within each standard level there are checkboxes with descriptions of performance in the category that reflect the level.

Los Angeles Police Department
STANDARDS BASED ASSESSMENT
Lieutenant and Below

GUIDELINES FOR COMPLETING THE REPORT

Each category has descriptions of types of skills, duties, and tasks under each standard level heading. Only one box can be checked when the descriptions are for the same skill, duty, or task.

Supervisors completing the assessment will check the standards boxes that best describe the employee's performance in the particular category. Attached documentation (Commendations, Comment Cards, citizen letters, NTCDs, etc) is recommended and encouraged for boxes checked as Meets or Exceeds Standards.

Documentation (Comment Cards or NTCDs) **shall** be attached to the SBA for **all** boxes checked as Needs Improvement.

Note: If the box for a sustained complaint is checked in the Acceptance of Responsibility category, only a copy of the final adjudication document (Conditional Reprimand, Admonishment, Suspension and Relief From Duty, etc.) should be attached. **Do not** attach the entire Complaint - just attach the one-page document finalizing the disposition.

An assessment within each category can have boxes checked at different performance levels as long as it is not for the same skill set. For example an employee may meet or exceed standards for one skill set and needs improvement for all the other skill sets in that category.

An evaluation could look something like the below example:

Example

D. PERSONAL INTERACTIONS: How does the employee interact with citizens, employees, and Department rules?	
MEETS OR EXCEEDS STANDARDS	NEEDS IMPROVEMENT
<input checked="" type="checkbox"/> Receives citizen commendations for helpfulness, assistance, compassion, etc.	<input type="checkbox"/> Receives an inordinate number of complaints from citizens, co-workers, or supervisors for being rude, curt, brusque, or discourteous.
<input checked="" type="checkbox"/> Shows regard for department policies by complying with rules and regulations.	<input type="checkbox"/> Inappropriately expresses open hostility toward the Department or its policies in the workplace.
<input checked="" type="checkbox"/> Exhibits a pleasing or congenial demeanor with co-workers and citizens.	<input type="checkbox"/> Unnecessarily or inappropriately confrontational, sarcastic, indignant, or demeaning of others or their ideas.
<input checked="" type="checkbox"/> Encourages peers, subordinates, or trainees to be productive.	<input type="checkbox"/> Responds to clear supervisory directions with resistance, delay, or indignation.
<input type="checkbox"/> Typically cooperates with co-workers and others.	<input checked="" type="checkbox"/> Resists cooperating with co-workers.

Attached documentation should describe an **objective** account of **specific** events and/or incidents. The examples must describe **actions** by the employee that meet the definition of the boxes checked.

Los Angeles Police Department
STANDARDS BASED ASSESSMENT
Lieutenant and Below

GUIDELINES FOR COMPLETING THE REPORT

Not Applicable

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For Example:

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- OR -

E. The first two standards do not apply to the duties of this employee. The employee was not the subject of a Department generated integrity audit during this assessment period.

Part 2 – Overall Rating:

Check **Satisfactory** or **Unsatisfactory**: – Self-explanatory

TRAINING REVIEW (Must be completed):

Review TEAMS report and assess the training completed during the assessment period. Explain how relevant the training received was to overall performance. What training or other learning experiences would you recommend for this employee's performance and development plan? Be specific and explain the connection between the training and the duties, tasks, and skills associated with this employee's assignment.

SIGNATURES – Self-explanatory.

Supervisor and Field Training Officer Supplements

These sections are completed in the same manner as Part 1 of the primary Standards Based Assessment.