Incident #____ -_____

OCEAN CITY BEACH PATROL
OCEAN CITY, MARYLAND
EMPLOYEE COMMENDATION FORM

Employee Name _____ **Crew #** _____
Date _____**Time** _____
The following commendation was issued this date & is to be made part of the employee's personnel file.
(Check all that apply)

- ☐ OUTSTANDING PERFORMANCE DURING RESCUE
- ☐ OUTSTANDING PERFORMANCE DURING EMERGENCY
- ☐ JOB PERFORMANCE BEYOND REASONABLE EXPECTATIONS
- ☐ REPEATEDLY WORKS EXTRA TIME
- ☐ COMPLIMENT BY BEACH PATROL PERSONNEL
- ☐ COMPLIMENT BY BEACH PATRON
- ☐ COMPLIMENT BY OTHER CITY AGENCY
- ☐ OTHER _____

INFORMATION OF PERSON GIVING COMMENDATION:

LAST NAME: _____FIRST NAME:_____

ADDRESS: _____ PHONE:(_____)_____-_____

_____ , _____ _____

DESCRIPTION OF INCIDENT

Please provide a concise but complete description of the facts which lead to this commendation. Be as specific as possible, including names and dates where appropriate:

_____

_____

_____

_____

_____

_____

Supporting Documentation Attached ☐YES ☐NO ☐ Continue on Back

Related Incident #s: _____,_____,_____

Report completed by: Debi Tyler Position: Secretary

Signature of Person Completing Report _____ Date:_____

Employee Signature _____ Date _____

DO NOT WRITE IN THIS AREA
Reviewer's Comments : _____

_____

_____

Reviewed by: Captain Butch Arbin Position: Captain

Signature: _____ Date: _____

Form 05-02 Rev 9/1/2005