COMMUNITY RELEASE AND REINTEGRATION WORKER

Employee Performance Review



Name David	David Sutherland			Employee ID	Employee ID		
Job Title Con	Community Release and Reintegration Worker			Date Dec 1	Date Dec 12, 2019		
Department	RELREI			Director	Danielle Wood		
Review Period	An	nual performance evaluati	on				
RATINGS						E Evellent	
		1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	
Job Knowledge					4		
Comments clients and rendering service		ervices to some of the mo d a commitment to NALSC	edge of the legal service delivery, the functioning of the administration of justice, working with ces to some of the most vulnerable members of the community. David has strong willingness to commitment to NALSC. He needs to appreciate his role working for accused/offenders. Improve 9hts.				
Work Quality	•			3			
Comments	governance and under	g questions of his manager stands local governance a partners - not satisfactory	nd affairs well. No	aring knowledge. Davi eeds to improve workir	d is very involved ng with police, dut	with local cy counsel, Chief 8	
Attendance/	Punctuality					5	
Comments	-David is at work every is sick.	day. He understands her	obligations to ca	l/email/text when he is	s unable to attend	I work or when he	
Initiative					4		
Comments	needs to improve clien	partnerships with local ag t numbers by developing r ere, get networking, incre	elationships with	local partners and stal	well under little s keholders for bail	upervision. He and reintegration.	
Communicat	ion/Listening Skills				4		
Comments		questions and issues as the control of the control			communication v	with his manager.	
Dependabilit	у					5	
Comments		He is at work, he answers eeds to improve getting his			oked after. Alway	ys attends team	
Overall Ratin	ng (average the rating i	numbers above) 25					
EVALUATIO	N .						
ADDITIONAL (
		a team environment.	<u>.</u>				
	entra	for the betterment of the			and NALSC organ	ization.	
*	-Some a	reas to improve, get out th	nere, increase clie	nt numbers.			
GOALS (as agreed upo employee and	on by manager)	vorking D.	W. to	slice - D	S. Ster		
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VERIFICAT	ION OF REVIEW	1 y Her	T / HA	ennobiska	<i>y-/</i> (ba	1 l beos-	
By signing this	form, you confirm that	you have discussed this r	review in detail w	ith your supervisor. Sig	ning this form do	es not necessarily	
	ou agree with this evalu					,	
	natura /	(1) X	1	Date		1204	
Employee Sign	lature /	7	//	Date	ie. (2/	000	