



**Village Hall**

5127 Oakton Street  
Skokie, Illinois 60077

Phone (847) 673-0500  
Fax (847) 673-0525

www.skokie.org  
SkokieVision Municipal Cable  
1660 AM Skokie

*Council-Manager Government*

Mayor	George Van Dusen
Clerk	Pramod C. Shah
Trustees	Michele L. Bromberg Karen Gray-Keeler Ralph Klein Randall E. Roberts Edie Sue Sutker Ilonka Ulrich
Manager	John T. Lockerby
Counsel	Michael M. Lorge

*Awards and Distinctions*

All America City Finalist  
American Public Works Association  
(APWA) Accreditation  
Center for Public Safety Excellence  
(CPSE)  
Gold Level Clean Air Counts  
Community  
Governor's Hometown Award  
Government Finance Officers  
Association Budget Award  
Government Finance Officers  
Association Certificate of  
Achievement for Excellence in  
Financial Reporting  
Illinois Law Enforcement  
Accreditation (ILEAP)  
Insurance Services Office (ISO)  
Class One Fire Department  
State of Illinois Certified Health  
Department  
Tree City U.S.A. Distinction

# Village of Skokie

## RE: FREEDOM OF INFORMATION ACT REQUEST

Dear Requester:

This letter is in response to your recent request made under the Freedom of Information Act. Please note pursuant to Section 7 of the Freedom of Information Act, certain material originally contained in these reports has been deleted because such material is exempt from disclosure under Sections 7(1)(a), 7(1)(b), 7(1)(c), and 7 (1)(d)(iv) of the Freedom of Information Act.

**Section 7(1)(a)** - Information specifically prohibited from disclosure by Federal or State law or rules and regulations implementing federal or State law.

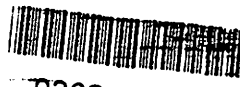
**Section 7(1)(b)** - Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order.

**Section 7(1)(c)** - Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information.

**Section 7(1)(d)(iv)** - Information which unavoidably discloses the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies.

Sincerely,

Alex Franz  
Freedom of Information Officer



02093524

# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
		CURTIS SCOTT BORMAN		5/20/02
Other Names Used			Social Security Number	
CURT BORMAN				
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)

9-11-04

VILLAGE OF SKOKIE  
 PERSONNEL ACTION FORM PLEASE USE TYPEWRITER

Date form Issued 12-3-97 Rec'd by Personnel 12.4.97

<b>BORMAN, CURTIS</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	[REDACTED] Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time / hrs. per week _____  <input type="checkbox"/> Seasonal  <input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment  <input type="checkbox"/> From Worker's Comp  <input type="checkbox"/> From Disability  <input type="checkbox"/> From Leave without Pay  <input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input type="checkbox"/> Resignation      <input type="checkbox"/> Onto Worker's Comp  <input type="checkbox"/> Retirement      <input type="checkbox"/> Onto Temp. Disability  <input type="checkbox"/> Disability      <input type="checkbox"/> Onto Leave without Pay  <input type="checkbox"/> Dismissal      <input type="checkbox"/> Onto Suspension  <input type="checkbox"/> Death      <input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

Promotion       Transfer      New Position Title \_\_\_\_\_

Reclassification       Demotion      New Range and Step \_\_\_\_\_

Title Change       Shift/Non-Shift      Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year 10 Rate/mo. \$ 30.00

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change 1-7-98 Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Effective January 7, 1998, Sgt. Borman is eligible to receive ten-year longevity pay.**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]      CERTIFIED BY [REDACTED] *Personnel Director*

RECOMMENDED BY [REDACTED]      APPROVED BY [REDACTED] *Village Manager*

*Department Director*

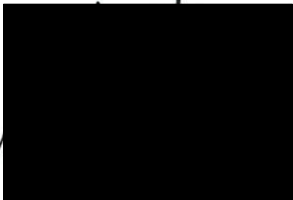
POLICE DEPARTMENT

Skokie, Illinois

February 4, 1997

Personnel Order No. 97-2

TO: All Personnel  
FROM: William D. Miller, Chief of Police  
SUBJECT: Personnel Transfers



The following transfers are effective March 1, 1997:

**Sergeant Curtis Borman** is transferred to Supervisor, Watch III, Group F;

**Sergeant Michael Ruth** is transferred to Supervisor, Crime Prevention Section;

**Sergeant James Chwalisz** is transferred to the Administrative Services Division, Report Review and Analysis Officer;

**Sergeant Robert Mason** is transferred to the Field Operations Division, Supervisor, Watch I, Group A.

WDM/dw

CC: Capt. James Halas  
Capt. Michael Burns  
Sgt. Curtis Borman  
Sgt. Michael Ruth  
Sgt. James Chwalisz  
Sgt. Robert Mason  
Bulletin Board  
**Personnel File**  
Master File

**VILLAGE OF SKOKIE**  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 5-17-96 Rec'd by Personnel 5-21-96

Borman, Curtis S. Employee Name (Last, First, Middle Initial)		0643 Employee No.	[REDACTED] Social Security Number
6-19- 1-7-88 Date First Employed	Sergeant Current Position Title	6-19-95 Current Position Date	
Police Department	Field Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <input type="checkbox"/> Re-employment <input type="checkbox"/> From Worker's Comp <input type="checkbox"/> From Disability <input type="checkbox"/> From Leave without Pay <input type="checkbox"/> From Suspension (if overlaps pay periods) <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Dismissal <input type="checkbox"/> Death <input type="checkbox"/> Onto Worker's Comp <input type="checkbox"/> Onto Temp. Disability <input type="checkbox"/> Onto Leave without Pay <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Onto No Pay <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Account Number _____

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ 25.279/hr Range and Step P22E Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ 26.546/hr Range and Step P22F Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change 6-19-96 Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

See attached Performance Evaluation. Advance to F Step.

Completion of probation.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED] CERTIFIED BY [REDACTED] *[Signature]*  
 RECOMMENDED [REDACTED] APPROVED BY [REDACTED] *[Signature]*

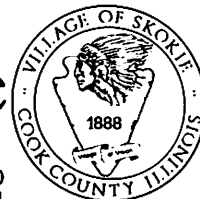
Department Director Personnel Director  
Village Manager

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzshall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M. Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • (847) 982-5900  
Fax (847) 982-5934



TO: Mr. John M. Mack, Chairman  
Skokie Fire & Police Commission

FROM: William D. Miller, Chief of Police

DATE: May 17, 1996

SUBJECT: Completion of Probationary Period  
Sergeant Curtis S. Borman

Attached is a copy of Sergeant Curt Borman's performance evaluation at the completion of his one year probationary period in the rank of Sergeant.

Based on this evaluation, it is my recommendation that Sgt. Borman's promotion be certified.

WDM/dw

Enclosure

cc: James C. Aydt, Personnel Director



An Accredited Agency

VILLAGE OF SKOKIE  
 PERSONNEL ACTION FORM PLEASE USE TYPEWRITER

Date form Issued 4-19-95 Rec'd by Personnel 54-95

Borman, Curtis S. Employee Name (Last, First, Middle Initial)		0643 Employee No.	[Redacted] Social Security Number
1-7-88 Date First Employed	Officer Current Position Title	1-7-88 Current Position Date	
Police Department	Field Division	[Redacted] Account Number	

<b>APPOINTMENT</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Effective Date _____ Days to be paid this pay period _____ Address _____ Telephone _____ Date of Birth _____	<b>REACTIVATION</b> <input type="checkbox"/> Re-employment <input type="checkbox"/> From Worker's Comp <input type="checkbox"/> From Disability <input type="checkbox"/> From Leave without Pay <input type="checkbox"/> From Suspension (if overlaps pay periods) Effective Date _____	<b>SEPARATION / INACTIVATION</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Onto Worker's Comp <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Temp. Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Leave without Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay Last Day at Work _____ Last Day to be Paid _____ No. of Days or Hours to be Paid this Pay Period: _____
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**IN-SERVICE CHANGE**

<input checked="" type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title <u>Police Sergeant</u>
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step <u>P22E</u>
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Account Number <u>[Redacted]</u>

Effective Date of Change June 19, 1995

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ <u>21.079/hr</u>	Range and Step <u>P19F+</u>	Longevity Year _____	Rate/mo. \$ _____
Proposed / Starting Salary \$ <u>24.030/hr</u>	Range and Step <u>P22E</u>	Pension: <input type="checkbox"/> IMRF <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> None	
Other Compensation (type) <u>24,300</u>	Amount \$ _____	Start Date _____	End Date _____
Effective Date of Change <u>6-19-95</u>	Retroactive to _____		

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

Effective June 19, 1995, Ofr. Borman is promoted to the rank of Sergeant and is assigned to the Field Operations Division.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY <u>[Redacted]</u> Supervisor	CERTIFIED BY <u>[Redacted]</u> Personnel Director
RECOMMENDED BY <u>[Redacted]</u> Department Director	APPROVED BY <u>[Redacted]</u> Village Manager

**NOTICE OF APPOINTMENT/SEPARATION**

Illinois Law Enforcement Training  
and Standards Board

600 South Second Street • Suite 300  
Springfield, IL 62704-2542

**NOTICE:** It is **MANDATORY** that specific information is provided to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. The Board could seek legal action against those agencies or persons failing to disclose or misrepresenting the required information. This form has been approved by the Forms Management Center.

1. Social Security Number [REDACTED]				
<b>IDENTIFICATION INFORMATION</b>				
2. Name - Last BORMAN	First CURTIS	Middle S.	3. Date of Birth [REDACTED]	4. Sex (M) F
5. Race [REDACTED]		6. Maiden Name:		
7. Educational Attainment HS SC A (B) M PhD/JD		8. Rank/Classification SERGEANT		
9. Agency SKOKIE POLICE DEPARTMENT		10. Date of Appointment/Status change 6-19-95		
11. The above named person's last service as a peace/correctional officer was with: SKOKIE POLICE DEPT. Name/City/State of Agency SKOKIE, IL 60077 from 1-7-88 month/day/year to month/day/year present				

**APPOINTMENT INFORMATION (FILL OUT ALL INFORMATION REQUESTED)**

12.  Law Enforcement    \_\_\_ Correctional    \_\_\_ Coroner    \_\_\_ State's Attorney

13.  Full time    \_\_\_ Part time    \_\_\_ Auxillary    # of hours worked per week 40

\_\_\_ Successful Completion of LETSB Certified Law Enforcement Basic Training Course

\_\_\_ Successful Completion of LETSB Certified Correctional Basic Training Course

\_\_\_ Successful Completion of Board Certified Mandatory Firearms Training Course

\_\_\_ Applying for Basic Training Course Waiver

\_\_\_ The above-named person has NOT satisfied the basic training requirement

**SEPARATION INFORMATION (FILL OUT ALL INFORMATION REQUESTED)**

14. Last date of employment with this agency: \_\_\_\_\_  
month/day/year

**REASON FOR SEPARATION:**

\_\_\_ Resigned    \_\_\_ Terminated    \_\_\_ Retired    \_\_\_ Deceased    \_\_\_ Other (Explain Below)

\_\_\_ Left for New Job    \_\_\_ Convicted of or charged with a crime or other misconduct (Explain Below)

**EXPLANATION**

15. Explanation

PROMOTION FROM POLICE OFFICER TO POLICE SERGEANT ON 6-19-95

**ATTESTATION OF REPORTING OFFICIAL**

16. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.

[REDACTED SIGNATURE]    William D. Miller  
Signature of Agency Administrator    Chief of Police    6-15-95

Print Agency Administrator's Name and Title    Date



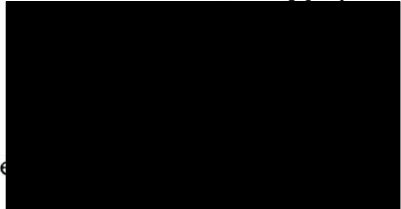
POLICE DEPARTMENT

Skokie, Illinois

June 16, 1995

Personnel Order No. 95-12

TO: ALL PERSONNEL  
FROM: William D. Miller, Chief of Police  
SUBJECT: Promotion



By order of the Fire & Police Commission, Ofr. Curtis S. Borman is promoted to the rank of Sergeant effective June 19, 1995, and is assigned to Watch I, Group A.

WDM/dw

cc: Capt. Michael R. Burns  
Sgt. Curtis S. Borman  
Bulletin Board  
Personnel File  
Master File

**VILLAGE OF SKOKIE**  
PERSONNEL ACTION FORM

12-29-94

Date Form Issued 12-28-94

Employee Name (Last, First, Middle Initial) <u>Borman, Curtis S.</u>		Employee Number <u>0643</u>	Social Security Number [REDACTED]
Date First Employed <u>1-7-88</u>	Current Position Title <u>Officer</u>		Current Position Date <u>1-7-88</u>
Department <u>Police</u>	Division <u>Field</u>	Account Number [REDACTED]	

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APPOINTMENT	REACTIVATION	SEPARATION/INACTIVATION
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Re-employment	<input type="checkbox"/> Resignation <input type="checkbox"/> Onto W/C
<input type="checkbox"/> Part-time/hrs. per week _____	<input type="checkbox"/> From W/C	<input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability
<input type="checkbox"/> Seasonal	<input type="checkbox"/> From Disability	<input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay
<input type="checkbox"/> Temporary	<input type="checkbox"/> From Lv. w/o Pay	<input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension
Effective Date _____	<input type="checkbox"/> From Suspension	<input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay
Days to be paid this pay period _____	(if overlaps pay periods)	
Address _____	Effective Date _____	Last Day at Work _____
Telephone _____		Last Day to be Paid _____
		Days to be paid this pay period _____

**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ 21.079/hr      Range and Step P19F+      Longevity Year \_\_\_\_\_      Rate \$ \_\_\_\_\_

Proposed/Starting Salary \$ \_\_\_\_\_      Range and Step P19F+

Other Compensation (type) \_\_\_\_\_      Amount \$ \_\_\_\_\_      Start \_\_\_\_\_      End \_\_\_\_\_

Effective Date January 7, 1995      Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary)

See attached Performance Evaluation. Retain in F+ Step.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]	CERTIFIED BY [REDACTED]
RECOMMENDED BY [REDACTED] Department Director	APPROVED BY [REDACTED] Village Manager

**DISTRIBUTION:**  
White copy - Personnel File; Canary Copy - Employee; Pink Copy - Department File; Gold Copy - Payroll Division

**VILLAGE OF SKOKIE  
PERSONNEL ACTION FORM**

Date Form Issued 12-23-93

Employee Name (Last, First, Middle Initial) <u>Borman, Curtis S.</u>		Employee Number <u>0643</u>	Social Security Number 
Date First Employed <u>1-7-88</u>	Current Position Title <u>Officer</u>		Current Position Date <u>1-7-88</u>
Department <u>Police</u>	Division <u>Field</u>	Account Number 	

\*\*\*\*\*

APPOINTMENT	REACTIVATION	SEPARATION/INACTIVATION
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time/hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary  Effective Date _____ Days to be paid this pay period _____  Address _____ _____ Telephone _____	<input type="checkbox"/> Re-employment <input type="checkbox"/> From W/C <input type="checkbox"/> From Disability <input type="checkbox"/> From Lv. w/o Pay <input type="checkbox"/> From Suspension (if overlaps pay periods)  Effective Date _____	<input type="checkbox"/> Resignation <input type="checkbox"/> Onto W/C <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay  Last Day at Work _____ Last Day to be Paid _____ Days to be paid this pay period _____

**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ 21.079/hr      Range and Step P19F+      Longevity Year \_\_\_\_\_ Rate \$ \_\_\_\_\_

Proposed/Starting Salary \$ \_\_\_\_\_      Range and Step P19F+

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_      Start \_\_\_\_\_ End \_\_\_\_\_

Effective Date January 7, 1994      Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary)

See attached Performance Evaluation. Advain in F+ Step.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY	CERTIFIED BY
RECOMMENDED BY Department Director	APPROVED BY Village Manager

**DISTRIBUTION:**  
White copy - Personnel File; Canary Copy - Employee; Pink Copy - Department File; Gold Copy - Payroll Division

12-10-92

# VILLAGE OF SKOKIE

## PERSONNEL ACTION FORM

Date Form Issued 12-9-92

Employee Name (Last, First, Middle Initial) <b>Borman, Curtis S.</b>		Employee Number <b>0643</b>	Social Security Number 
Date First Employed <b>1-7-88</b>	Current Position Title <b>Officer</b>		Current Position Date <b>1-7-88</b>
Department <b>Police</b>	Division <b>Field</b>	Account Number 	

<b>APPOINTMENT</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time/hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Effective Date _____ Days to be paid this pay period _____ Address _____ Telephone _____	<b>REACTIVATION</b> <input type="checkbox"/> Re-employment <input type="checkbox"/> From W/C <input type="checkbox"/> From Disability <input type="checkbox"/> From Lv. w/o Pay <input type="checkbox"/> From Suspension (if overlaps pay periods) Effective Date _____	<b>SEPARATION/INACTIVATION</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Onto W/C <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay Last Day at Work _____ Last Day to be Paid _____ Days to be paid this pay period _____
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year 5 Rate \$ 25/mo

Proposed/Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Effective Date January 7, 1993 Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary)

Effective January 7, 1993, Ofc. Borman will have completed five years of service and is, therefore, eligible to receive \$25.00 per month longevity pay.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY	CERTIFIED BY
RECOMMENDED BY	APPROVED BY

Department Director Village Manager

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzhall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M. Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • (708) 982-5900



December 30, 1992

Mr. Curtis S. Borman  
[REDACTED]

Dear Curt:

Congratulations! You have reached a milestone in your career with the Skokie Police Department. On January 7, 1993, I will be pleased to award longevity pay for your five years of continuing service to the Department and citizens of Skokie.

Your hard work and dedication are evidence of the teamwork which is so critical to our mission in the community.

I would like to take this opportunity to personally thank you for your efforts. I look forward to serving with you in the years ahead.

Sincerely,

[REDACTED]  
William D. Miller  
Chief of Police

WDM/dw



An Accredited Agency

17 24 92

# VILLAGE OF SKOKIE

## PERSONNEL ACTION FORM

Date Form Issued 12-23-92

Employee Name (Last, First, Middle Initial) <b>Borman, Curtis S.</b>		Employee Number <b>0643</b>	Social Security Number [REDACTED]
Date First Employed <b>1-7-88</b>	Current Position Title <b>Officer</b>		Current Position Date <b>1-7-88</b>
Department <b>Police</b>	Division <b>Field</b>	Account Number [REDACTED]	

<b>APPOINTMENT</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time/hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Effective Date _____ Days to be paid this pay period _____ Address _____ Telephone _____	<b>REACTIVATION</b> <input type="checkbox"/> Re-employment <input type="checkbox"/> From W/C <input type="checkbox"/> From Disability <input type="checkbox"/> From Lv. w/o Pay <input type="checkbox"/> From Suspension (if overlaps pay periods) Effective Date _____	<b>SEPARATION/INACTIVATION</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Onto W/C <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay Last Day at Work _____ Last Day to be Paid _____ Days to be paid this pay period _____
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ 19.643/hr      Range and Step P19F      Longevity Year \_\_\_\_\_ Rate \$ \_\_\_\_\_

Proposed/Starting Salary \$ 20.154      Range and Step P19F+

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Effective Date January 7, 1993      Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary)

See attached Performance Evaluation. Advance to F+ Step.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]	CERTIFIED BY [REDACTED]
RECOMMENDED BY [REDACTED]	APPROVED BY [REDACTED]
Department Director	Village Manager

**DISTRIBUTION:**  
 White copy - Personnel File; Canary Copy - Employee; Pink Copy - Department File; Gold Copy - Payroll Division

# VILLAGE OF SKOKIE

## PERSONNEL ACTION FORM

Date Form Issued 12-23-91

Employee Name (Last, First, Middle Initial) <b>Borman, Curtis S.</b>		Employee Number <b>0643</b>	Social Security Number 
Date First Employed <b>1-7-88</b>	Current Position Title <b>Officer</b>		Current Position Date <b>1-7-88</b>
Department <b>Police</b>	Division <b>Field</b>	Account Number 	

<b>APPOINTMENT</b>  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time/hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Effective Date _____ Days to be paid this pay period _____  Address _____  Telephone _____	<b>REACTIVATION</b>  <input type="checkbox"/> Re-employment <input type="checkbox"/> From W/C <input type="checkbox"/> From Disability <input type="checkbox"/> From Lv. w/o Pay <input type="checkbox"/> From Suspension (if overlaps pay periods)  Effective Date _____	<b>SEPARATION/INACTIVATION</b>  <input type="checkbox"/> Resignation <input type="checkbox"/> Onto W/C <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay  Last Day at Work _____ Last Day to be Paid _____ Days to be paid this pay period _____
--	--	---

**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ **17.888/hr**      Range and Step **P19E**      Longevity Year \_\_\_\_\_      Rate \$ \_\_\_\_\_

Proposed/Starting Salary \$ **18.743/hr**      Range and Step **P19F**      \_\_\_\_\_

Other Compensation (type) \_\_\_\_\_      Amount \$ \_\_\_\_\_      Start \_\_\_\_\_      End \_\_\_\_\_

Effective Date **January 7, 1992**      Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION (to be completed in all cases; attach additional sheet if necessary)**

See attached Performance Evaluation. ~~XXXXXXXXXX~~

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees

REQUESTED BY	CERTIFIED BY
RECOMMENDED BY	APPROVED BY

Department Director Village Manager

**DISTRIBUTION:**  
 White copy - Personnel File; Canary Copy - Employee; Pink Copy - Department File; Gold Copy - Payroll Division

# VILLAGE OF SKOKIE, ILLINOIS

Office Use Only

## NOTICE OF PERSONNEL CHANGE

### 1. ROUTING

White Copy (1) Personnel File  
Canary Copy (2) Employee  
Pink Copy (3) Departments  
Gold Copy (4) Payroll Division

Date of Issue: **December 21, 1990**

2. Employee Number **0643** 3. Position **Officer** Class No. \_\_\_\_\_  
Employee Name **Borman, Curtis S.**

LAST FIRST MIDDLE

4. Department **Police** 5. Social Security No. [REDACTED] 6. Account No. [REDACTED]

7. Employee Address City Zip Code Telephone

8. **APPOINTMENT**   
 Regular Full-Time  
 Seasonal  
 Part-Time  
 Re-employment  
 Return from Leave  
 Return from Disability
9. **SEPARATION**   
 Resignation  
 Dismissal  
 Retirement  
 Death  
 Leave of Absence without Pay  
 Disability
10. **OTHER INTER-SERVICE CHANGES**   
 Promotion  Transfer  
 Pay Increase  Demotion  
 Other \_\_\_\_\_  
 Withholding exemptions (include W-4) from \_\_\_\_\_ to \_\_\_\_\_  
 Suspension (Deduct \_\_\_\_\_ days pay) from \_\_\_\_\_ to \_\_\_\_\_ inclusive

11. **APPOINTMENT OR SEPARATION**  
(Start) (End) Salary at: Range and Step Effective Date: Number of days to be paid this Pay period:

12. **TITLE CHANGE**  
New Position Title: Class Number: Effective Date:

13. **PAY CHANGE**  
From: Step **P19D** \$ To: Step **P19E** \$ **16.828/hr** Effective Date: **1-7-91**

14. Reason or Explanation of Action (To be completed in all cases)

**See attached Performance Evaluation.**

Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees

REQUESTED BY [REDACTED]

CERTIFIED BY [REDACTED]

RECOMMENDED BY [REDACTED]

APPROVED BY [REDACTED]

DEPARTMENT HEAD

VILLAGE MANAGER





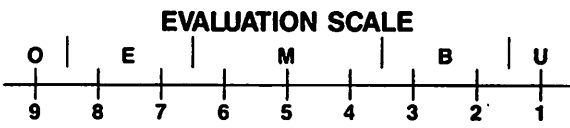
**VILLAGE OF SKOKIE**  
**PERFORMANCE EVALUATION AND COUNSELING FORM**  
**POLICE PATROL OFFICER**

BORMAN, CURTIS S.                      7 January 1991                      Field/Watch III  
 EMPLOYEE NAME                      INGRADE PROGRESSION DATE                      DIVISION/SECTION  
20 December 1990                      7 January 1988                      Sgt. J. E. Dahlman  
 EVALUATION DATE                      EMPLOYMENT DATE                      SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review       Probationary Employee 2nd Review for Permanent Status & Ingrade Progression       Permanent Employee Annual Review       Other (Please Specify) \_\_\_\_\_

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

6	Works with Supervisors and others in planning and building an effective team.
7	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
6	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
8	New and additional assignments are accepted and performed.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. All assignments are accepted without complaint and given his best effort. His attention to duty responsibilities is a major contribution to Watch III's goal pursuit.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman has exhibited an awareness of activity in surrounding beats that has enabled him to provide prompt response to back-ups and other calls requiring his assistance.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

7	All appropriate witnesses are interviewed. Field interview contacts are conducted.
7	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
7	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
7	Evidence is properly preserved, collected, and thoroughly described.
8	Statements are taken. Crime scenes and accidents are properly diagrammed.
7	Evidence Technicians or other Divisions or agencies are properly notified as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Field interrogations are documented on Department forms when circumstances dictate. Field notes are taken and transcribed onto thorough investigative reports.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Extremely careful in following safety procedures and providing arrestees with the fullest extent of their rights following an arrest.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Leads squad in citations issued; enforces parking regulations and wears full (required) uniform while directing traffic (hat and vest).

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

7	No serious deviation from expected performance is demonstrated under unusual circumstances.
7	Demonstrates ability to take command of emergency situations.
7	Composure is maintained under stress.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Decisions made at the scene of confusing or stressful calls are usually made without resorting to strident radio traffic or hastily drawn conclusions.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

8	Positively relates to people and needs. Does not antagonize or insult citizens.
7	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
7	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman has received several letters thanking him for his concern and attention to duty.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

7	Coordinates and supports other work Units and Departments.
7	Personal relationships with co-workers do not impair work.
8	Readily assists/backs other Officers.
6	Trains and guides less experienced Officers.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Personal relationships with fellow officers are a positive factor. Assistance is always readily provided.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.**

**Performance Criteria:**

7	Field interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
8	Reports are submitted on a timely basis.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. As already mentioned in Factor "C", Ofcr. Borman's reports are a product of careful field note taking and an ability to turn the notes into a very readable and comprehensive narrative.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.**

**Performance Criteria:**

7	Officer displays care and concern for Department equipment and buildings.
7	Vehicles are not abused through poor driving habits.
7	Weapons are clean and serviceable.
7	Automobiles are returned clean (interior) and serviced for the next Watch.
7	Equipment wear, malfunctions, damages are identified and reported.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. No problems associated with these criteria.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.**

**Performance Criteria:**

8	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman has always kept busy and produced high levels of activity without constant supervisory reminders.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.**

**Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
9	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman's personal appearance and the quality of his work reflect an obvious pride in himself and a desire to do the best job possible.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)**

**Performance Criteria:**

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Cite examples of past performance to support your evaluation. \_\_\_\_\_

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## OVERALL PERFORMANCE RATING

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
<b>X</b>	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

None.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Every effort should be made to provide Ofcr. Borman with new training opportunities. He is extremely motivated, a true "self-starter" and he will apply any acquired knowledge during the course of his daily assignments. He provides an excellent return on any training investment.

**Recommendation:**  Salary Increase                       Retain in Present Pay Step  
 Retain in F+ Step                                       Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE

DATE: 12-20-90<sup>9</sup>

COMMENTS OF EMPLOYEE:

SIGNATURE OF EMPLOYEE:

DATE: 12-20-90      I request addition review

*(Signature indicates only that appraisal has been reviewed with employee.)*

SIGNATURE OF RATER'S SUPERVISOR

DATE: 12-20-90

# VILLAGE OF SKOKIE, ILLINOIS

Office Use Only

## 1. ROUTING

- White Copy (1) Personnel File
- Canary Copy (2) Employee
- Pink Copy (3) Departments
- Gold Copy (4) Payroll Division

### NOTICE OF PERSONNEL CHANGE

Date of Issue: 28 December 1989

2. Employee Number 0643  
Employee Name Borman, Curtis S.      3. Position Officer      Class No.

4. Department Police      5. Social Security No. [REDACTED]      6. Account No. [REDACTED]

7. Employee Address      City      Zip Code      Telephone

8. **APPOINTMENT**
- Regular Full-Time
  - Seasonal
  - Part-Time
  - Re-employment
  - Return from Leave
  - Return from Disability
9. **SEPARATION**
- Resignation
  - Dismissal
  - Retirement
  - Death
  - Leave of Absence without Pay
  - Disability
10. **OTHER INTER-SERVICE CHANGES**
- Promotion  Transfer
  - Pay Increase  Demotion
  - Other \_\_\_\_\_
  - Withholding exemptions (include W-4) from \_\_\_\_\_ to \_\_\_\_\_
  - Suspension (Deduct \_\_\_\_\_ days pay) from \_\_\_\_\_ to \_\_\_\_\_ inclusive

11. **APPOINTMENT OR SEPARATION**  
(Start) (End) Salary at: Range and Step      Effective Date:      Number of days to be paid this Pay period:

12. **TITLE CHANGE**  
New Position Title:      Class Number:      Effective Date:

13. **PAY CHANGE**  
From: Step P19C \$      To:      Step P19D \$15.396/hr Effective Date: 1-7-90

14. Reason or Explanation of Action (To be completed in all cases)

See attached Performance Evaluation.

Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees

REQUESTED BY [REDACTED]  
RECOMMENDED [REDACTED]  
DEPARTMENT HEAD

CERTIFIED BY [REDACTED]  
APPROVED BY [REDACTED]  
VILLAGE MANAGER



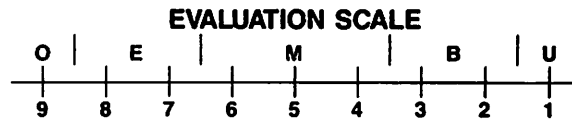
**VILLAGE OF SKOKIE**  
**PERFORMANCE EVALUATION AND COUNSELING FORM**  
**POLICE PATROL OFFICER**

BORMAN, CURTIS	7 January 1990	Field/Patrol
EMPLOYEE NAME	INGRADE PROGRESSION DATE	DIVISION/SECTION
26 December 1989	7 January 1988	Sgt. R. Jones
EVALUATION DATE	EMPLOYMENT DATE	SUPERVISOR/REVIEWER

<input type="checkbox"/> Probationary Employee 1st 6 Month Review	<input type="checkbox"/> Probationary Employee 2nd Review for Permanent Status & Ingrade Progression	<input checked="" type="checkbox"/> Permanent Employee Annual Review	<input type="checkbox"/> Other (Please Specify) _____
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**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- |  |  |
|--|--|
| <p>(O) Outstanding</p> <p>(E) Exceeds Expectation</p> <p>(M) Meets Expectation</p> <p>(B) Below Expectation</p> <p>(U) Unsatisfactory</p> <p>(NA) Not Applicable</p> | <p>- Exemplary performance far exceeding performance criteria.</p> <p>- Performance which exceeds the level supervisor normally expects.</p> <p>- Generally meets supervisor's expectation on performance criteria.</p> <p>- Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.</p> <p>- Unacceptable performance which must receive immediate attention.</p> <p>- Evaluation of the factor or criterion is inappropriate for the employee being rated.</p> |
|--|--|

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

7	Works with Supervisors and others in planning and building an effective team.
7	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
7	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
8	New and additional assignments are accepted and performed.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Ofcr. never complains when given an assignment and carries out each assignment in the prescribed manner.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Ofcr. Borman strictly follows proper radio procedures and always notifies Dispatch of his present location.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

8	All appropriate witnesses are interviewed. Field interview contacts are conducted.
8	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
8	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
8	Evidence is properly preserved, collected, and thoroughly described.
8	Statements are taken. Crime scenes and accidents are properly diagrammed.
8	Evidence Technicians or other Divisions or agencies are properly notified as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

All investigative work is taken as far as possible and contacts with other agencies are properly maintained.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Ofcr. uses proper arrest methods and has not received any citizen complaints during this 12 month period.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

T.L.E. is outstanding. He continually leads the squad in this category.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

8	No serious deviation from expected performance is demonstrated under unusual circumstances.
7	Demonstrates ability to take command of emergency situations.
7	Composure is maintained under stress.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Ofcr. follows the proper procedure and maintains control in stressful situations.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

8	Positively relates to people and needs. Does not antagonize or insult citizens.
6	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
8	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Ofcr. Borman has received several letters of "thanks" from citizens during this 12 month period.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

7	Coordinates and supports other work Units and Departments.
7	Personal relationships with co-workers do not impair work.
7	Readily assists/backs other Officers.
6	Trains and guides less experienced Officers.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Ofcr. maintains proper decorum and does not allow personal feelings affect his work or relationships with fellow workers.

**FACTOR-I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.**

**Performance Criteria:**

7	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
6	Reports are submitted on a timely basis.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

All reports are neat and accurate but occasionally too much time is spent on paperwork.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.**

**Performance Criteria:**

8	Officer displays care and concern for Department equipment and buildings.
8	Vehicles are not abused through poor driving habits.
8	Weapons are clean and serviceable.
8	Automobiles are returned clean (interior) and serviced for the next Watch.
8	Equipment wear, malfunctions, damages are identified and reported.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Ofc. always maintains Department equipment and never abuses it.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.**

**Performance Criteria:**

8	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Can always be counted on to do an excellent job with little or no supervision.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.**

**Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
9	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Ofc. does not deviate from rules and regulations and follows the policy of the Department.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)**

**Performance Criteria:**

It has been a pleasure to work with Ofcr. Borman during the past 12 months. He is a self-starter and consistently exceeds his goals. His abilities exceed his two years of practical experience.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

He led the power shift squad which he was assigned to in all phases of assigned or unassigned work.



OVERALL PERFORMANCE RATING

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

Table with 2 columns: Rating level and Description. Rows include Outstanding, Exceeds Expectation (marked with X), Meets Expectation, Below Expectation, and Unsatisfactory.

Remedial Activities (Areas Needing Improvement): Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

Development Activities (Training Plans): Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Continue to seek out and volunteer to attend in-service schooling.

Recommendation: [X] Salary Increase, [ ] Retain in Present Pay Step, [ ] Retain in F+ Step, [ ] Termination, [ ] Other (Explain)

RATER'S SIGNATURE [Redacted] DATE: 12-26-89

COMMENTS OF EMPLOYEE: [Redacted]

SIGNATURE OF EMPLOYEE: [Redacted] DATE: 12-26-89 I request addition review [ ] (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR [Redacted] DATE: [Redacted]

# VILLAGE OF SKOKIE, ILLINOIS

Office Use Only

## NOTICE OF PERSONNEL CHANGE

### 1. ROUTING

- White Copy (1) Personnel File
- Canary Copy (2) Employee
- Pink Copy (3) Departments
- Gold Copy (4) Payroll Division

Date of Issue: 4 January 1989

2. Employee Number 0643  
Employee Name BORMAN Curtis S. Position Probationary Officer Class No.

LAST FIRST MIDDLE

4. Department Police 5. Social Security No. [REDACTED] 6. Account No. [REDACTED]

7. Employee Address City Zip Code Telephone

8. APPOINTMENT
- Regular Full-Time
  - Seasonal
  - Part-Time
  - Re-employment
  - Return from Leave
  - Return from Disability
9. SEPARATION
- Resignation
  - Dismissal
  - Retirement
  - Death
  - Leave of Absence without Pay
  - Disability
10. OTHER INTER-SERVICE CHANGES
- Promotion  Transfer
  - Pay Increase  Demotion
  - Other Completion of Probation
  - Withholding exemptions (include W-4) from \_\_\_\_\_ to \_\_\_\_\_
  - Suspension (Deduct \_\_\_\_\_ days pay) from \_\_\_\_\_ to \_\_\_\_\_ inclusive

11. APPOINTMENT OR SEPARATION (Start) (End) Salary at: Range and Step Effective Date: Number of days to be paid this Pay period:

12. TITLE CHANGE New Position Title: Class Number: Effective Date:

13. PAY CHANGE From: Step P19B \$ 13.333 To: Step P19C \$ 14.007 Effective Date: 1-7-89

14. Reason or Explanation of Action (To be completed in all cases)  
(Anniversary Review & Completion of Probation)

See attached Performance Evaluation.

Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees

REQUESTED BY [REDACTED]  
RECOMMENDED [REDACTED]  
DEPARTMENT HEAD

CERTIFIED BY [REDACTED]  
APPROVED BY [REDACTED]  
VILLAGE MANAGER



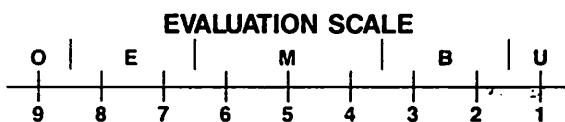
**VILLAGE OF SKOKIE**  
**PERFORMANCE EVALUATION AND COUNSELING FORM**  
**POLICE PATROL OFFICER**

Borman, Curtis	7 January	Field/Watch III
EMPLOYEE NAME 22 December 1988	INGRADE PROGRESSION DATE 7 January 1988	DIVISION/SECTION Sgt. B. Silverberg
EVALUATION DATE	EMPLOYMENT DATE	SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review    
 Probationary Employee 2nd Review for Permanent Status & Ingrade Progression    
 Permanent Employee Annual Review    
 Other (Please Specify) \_\_\_\_\_

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) Outstanding - Exemplary performance far exceeding performance criteria.
- (E) Exceeds Expectation - Performance which exceeds the level supervisor normally expects.
- (M) Meets Expectation - Generally meets supervisor's expectation on performance criteria.
- (B) Below Expectation - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) Unsatisfactory - Unacceptable performance which must receive immediate attention.
- (NA) Not Applicable - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

5	Works with Supervisors and others in planning and building an effective team.
5	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
6	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
6	New and additional assignments are accepted and performed.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman responds well to new instructions, situations, methods and procedures.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

6	Radio calls are not missed.
6	Proper radio procedures are followed.
6	Response is made promptly, safely and appropriately.
6	Assistance provided is appropriate to the need or problem.
6	Assistance is complete and further action is rarely required.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. His response to radio calls and assignments is appropriate, prompt and safe. He uses proper radio procedure and does not miss calls.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.**

**Performance Criteria:**

6	All appropriate witnesses are interviewed. Field interview contacts are conducted.
6	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
6	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
6	Evidence is properly preserved, collected, and thoroughly described.
6	Statements are taken. Crime scenes and accidents are properly diagrammed.
6	Evidence Technicians or other Divisions or agencies are properly notified as required.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman conducts thorough, well documented investigations.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.**

**Performance Criteria:**

6	All necessary information is included in arrest reports and case files.
6	No unnecessary force or verbal abuse is used.
7	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Arrest reports are well written and Department procedures are followed.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.**

**Performance Criteria:**

6	Citations are issued in accord with Department and Watch objectives.
6	Actions taken are appropriate to the offense.
6	Citations are rarely returned for correction.
6	Traffic direction and assistance are provided as required.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman has had no trouble meeting and maintaining set traffic goals.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.**

**Performance Criteria:**

5	No serious deviation from expected performance is demonstrated under unusual circumstances.
5	Demonstrates ability to take command of emergency situations.
5	Composure is maintained under stress.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Although few opportunities for evaluation in this area have occurred, Officer Borman seems to work well under stress.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.**

**Performance Criteria:**

7	Positively relates to people and needs. Does not antagonize or insult citizens.
6	Knows and is responsive to community problems.
7	Courtesy is demonstrated in citizen contacts.
7	Anger and verbal abuse from citizens do not adversely affect performance.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman demonstrates and maintains high standards of professional conduct when dealing with members of the Community.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.**

**Performance Criteria:**

5	Coordinates and supports other work Units and Departments.
6	Personal relationships with co-workers do not impair work.
7	Readily assists/backs other Officers.
6	Trains and guides less experienced Officers.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. He displays positive, friendly and relaxed attitudes toward other personnel.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.**

**Performance Criteria:**

6	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
8	Reports are submitted on a timely basis.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. The quality of Officer Borman's written work is consistently high. His writing skills and attention to detail are excellent.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.**

**Performance Criteria:**

6	Officer displays care and concern for Department equipment and buildings.
6	Vehicles are not abused through poor driving habits.
6	Weapons are clean and serviceable.
6	Automobiles are returned clean (interior) and serviced for the next Watch.
6	Equipment wear, malfunctions, damages are identified and reported.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman's equipment is well maintained and he displays good driving habits.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.**

**Performance Criteria:**

6	Instructions are followed and assignments completed on schedule.
6	Work does not have to be closely supervised.
7	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
6	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
6	Special attention is given to high accident, crime or other targeted areas.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman makes effective use of unassigned time. He has had no trouble meeting and maintaining set standards.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.**

**Performance Criteria:**

7	Policies, rules and regulations are followed as prescribed.
7	Appearance meets Departmental specifications: neat, well groomed, professional.
6	No unnecessary delays in starting work at specified time.
7	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
7	No noted abuse of sick or emergency leave.
6	Supervisor is given proper notice in advance of absences.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officer Borman's performance in this area regularly exceeds expectation. He is neat, well groomed and always early for Roll Call.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)**

**Performance Criteria:**

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Cite examples of past performance to support your evaluation. \_\_\_\_\_

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## OVERALL PERFORMANCE RATING

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
X	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. <b>USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW.</b> This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. <b>USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.</b>

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

None noted

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Continue to strive to strengthen and refine the skills you have demonstrated over the past year.

Continue to display the industriousness, conscientiousness and diligence in performing tasks that you have.

**Recommendation:**  Salary Increase           Retain in Present Pay Step  
 Retain in F+ Step           Termination  
 Other (Explain) \_\_\_\_\_

I recommend Officer Borman be retained by this Department on a permanent status.

RATER'S SIGNATURE

DATE: 12/22/88

COMMENTS OF EMPLOYEE:

SIGNATURE OF EMPLOYEE:

DATE: 23 DEC 88  I request addition review

*(Signature indicates only that appraisal has been reviewed with employee.)*

SIGNATURE OF RATER'S SUPERVISOR

DATE: 23 Dec 88

# VILLAGE OF SKOKIE, ILLINOIS

## NOTICE OF PERSONNEL CHANGE PERSONNEL FORM IV

Office Use Only

XS

1.

### ROUTING

- White Copy (1) Personnel File
- Canary Copy (2) Employee
- Pink Copy (3) Department
- Gold Copy (4) Payroll Division

Date of Issue: 13 July 1988

2. Employee Number **0643**  
Employee Name **BORMAN Curtis S.** 3. Position **Probationary Officer** Class No.

4. Department **Police** 5. Social Security No. [REDACTED] 6. Account No. [REDACTED]

7. Employee Address City Zone Telephone

8. <b>APPOINTMENT</b> <input type="checkbox"/> <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Re-employment <input type="checkbox"/> Return from Leave <input type="checkbox"/> Return from Disability	9. <b>SEPARATION</b> <input type="checkbox"/> <input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Leave of Absence with Pay <input type="checkbox"/> Leave of Absence without Pay <input type="checkbox"/> Disability	10. <b>OTHER INTER-SERVICE CHANGES</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Pay Increase <input type="checkbox"/> Demotion <input type="checkbox"/> Other _____ <input type="checkbox"/> Withholding exemptions (include W-4) from _____ to _____ <input type="checkbox"/> Suspension (Deduct _____ days pay) from _____ to _____ Inclusive
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11. **APPOINTMENT OR SEPARATION** (Attach Form W-4 for appointment)  
(Start) (End) Salary at: Range and Step Effective Date: Number of days to be paid this Pay period:

12. **TITLE CHANGE**  
New Position Title: Class Number: Effective Date:

13. **PAY CHANGE**  
From: Step **P19A \$ 12.04** To: Step **P19B \$ 12.65/hr.** Effective Date: **7-7-88**

14. **EMPLOYEE GROUP INSURANCE** (New Card must accompany change)  
 None  Single  Family  
Date of First Deduction: Amount:

15. Accidental Death and Dismemberment  
No  Yes   
Date of First Deduction: Amount:

16. United States Saving Bonds  
Yes  No   
Date of First Deduction: Amount:

17. Reason or Explanation of Action (To be completed in all cases)

See attached Performance Evaluation.

Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]  
RECOMMENDED BY [REDACTED]

CERTIFIED BY [REDACTED]  
APPROVED BY [REDACTED]



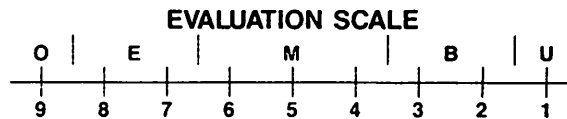
**VILLAGE OF SKOKIE**  
**PERFORMANCE EVALUATION AND COUNSELING FORM**  
**POLICE PATROL OFFICER**

BORMAN, CURTIS	7 July 1988	Field/Watch III
EMPLOYEE NAME	INGRADE PROGRESSION DATE	DIVISION/SECTION
1 July 1988	7 January 1988	Sgt. B. Silverberg
EVALUATION DATE	EMPLOYMENT DATE	SUPERVISOR/REVIEWER

<input checked="" type="checkbox"/> Probationary Employee 1st 6 Month Review	<input type="checkbox"/> Probationary Employee 2nd Review for Permanent Status & Ingrade Progression	<input type="checkbox"/> Permanent Employee Annual Review	<input type="checkbox"/> Other (Please Specify) _____
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**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

5	Works with Supervisors and others in planning and building an effective team.
5	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
5	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
6	New and additional assignments are accepted and performed.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
 Ofcr. Borman is receptive to suggestions that are directed toward improving his work performance.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

5	Radio calls are not missed.
5	Proper radio procedures are followed.
5	Response is made promptly, safely and appropriately.
5	Assistance provided is appropriate to the need or problem.
5	Assistance is complete and further action is rarely required.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
 This officer does not miss radio calls and responds appropriately.



**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.**

**Performance Criteria:**

5	All appropriate witnesses are interviewed. Field interview contacts are conducted.
5	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
5	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
5	Evidence is properly preserved, collected, and thoroughly described.
5	Statements are taken. Crime scenes and accidents are properly diagrammed.
5	Evidence Technicians or other Divisions or agencies are properly notified as required.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Ofcr. Borman conducts thorough investigations.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.**

**Performance Criteria:**

5	All necessary information is included in arrest reports and case files.
6	No unnecessary force or verbal abuse is used.
6	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Department arrest and transport procedures are followed.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.**

**Performance Criteria:**

6	Citations are issued in accord with Department and Watch objectives.
6	Actions taken are appropriate to the offense.
6	Citations are rarely returned for correction.
6	Traffic direction and assistance are provided as required.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Traffic contacts are good. Ofcr. Borman writes a variety of citations.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.**

**Performance Criteria:**

5	No serious deviation from expected performance is demonstrated under unusual circumstances.
5	Demonstrates ability to take command of emergency situations.
5	Composure is maintained under stress.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Few circumstances pertaining to this factor have presented themselves for evaluation.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.**

**Performance Criteria:**

7	Positively relates to people and needs. Does not antagonize or insult citizens.
6	Knows and is responsive to community problems.
7	Courtesy is demonstrated in citizen contacts.
7	Anger and verbal abuse from citizens do not adversely affect performance.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

This officer relates well to the public. He demonstrates a patient and concerned attitude.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.**

**Performance Criteria:**

5	Coordinates and supports other work Units and Departments.
6	Personal relationships with co-workers do not impair work.
7	Readily assists/backs other Officers.
5	Trains and guides less experienced Officers.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

Is very polite and seems to get along well with other officers.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.**

**Performance Criteria:**

5	Field Interview reports are used.
7	Reports are legible, concise and grammatically correct.
7	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
6	Reports are submitted on a timely basis.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Writes very legible, easily readable and understandable reports.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.**

**Performance Criteria:**

6	Officer displays care and concern for Department equipment and buildings.
6	Vehicles are not abused through poor driving habits.
6	Weapons are clean and serviceable.
6	Automobiles are returned clean (interior) and serviced for the next Watch.
6	Equipment wear, malfunctions, damages are identified and reported.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Appears to have no problems in this area.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.**

**Performance Criteria:**

5	Instructions are followed and assignments completed on schedule.
5	Work does not have to be closely supervised.
6	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
6	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
5	Special attention is given to high accident, crime or other targeted areas.
5	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
He is not afraid to ask questions when the need arises. His self-initiated activity is high.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.**

**Performance Criteria:**

6	Policies, rules and regulations are followed as prescribed.
7	Appearance meets Departmental specifications: neat, well groomed, professional.
6	No unnecessary delays in starting work at specified time.
6	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
6	No noted abuse of sick or emergency leave.
6	Supervisor is given proper notice in advance of absences.
6	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Presents a neat appearance and is ready for work well in advance of the required time.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)**

**Performance Criteria:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OVERALL PERFORMANCE RATING

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

<input type="checkbox"/>	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
<input type="checkbox"/>	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
<input checked="" type="checkbox"/>	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
<input type="checkbox"/>	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
<input type="checkbox"/>	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

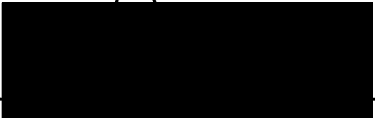
**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.


None noted - has made satisfactory progress to date.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

- 1) Continue to develop an understanding of the Department's patrol procedures.
- 2) Increase your knowledge of local ordinances as they pertain to the Department's operations.
- 3) Make use of the Department library as it contains many valuable sources of information.
- 4) Continue to seek guidance when necessary and keep up your excellent attitude.

**Recommendation:**  Salary Increase                       Retain in Present Pay Step  
 Retain in F+ Step                                       Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE:  DATE: 14 JULY 08

COMMENTS OF EMPLOYEE: 

SIGNATURE OF EMPLOYEE:  DATE: 14 JUL 88 request addition review   
*(Signature indicates only that appraisal has been reviewed with employee.)*

SIGNATURE OF RATER'S SUPERVISOR:   DATE: 14 July 08

# VILLAGE OF SKOKIE, ILLINOIS

## NOTICE OF PERSONNEL CHANGE PERSONNEL FORM IV

Office Use Only

### 1. ROUTING

White Copy (1) Personnel File  
Canary Copy (2) Employee  
Pink Copy (3) Department  
Gold Copy (4) Payroll Division

Date of Issue: 22 Dec. 1987

2. Employee Number 643  
Employee Name Borman Curtis S. 3. Position Probationary Officer Class No. \_\_\_\_\_

4. Department Police 5. Social Security No. \_\_\_\_\_  
6. Account No. \_\_\_\_\_

7. Employee Address \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ Telephone \_\_\_\_\_

8. APPOINTMENT  Regular Full-Time  
 Seasonal  
 Part-Time  
 Re-employment  
 Return from Leave  
 Return from Disability

9. SEPARATION  Resignation  
 Dismissal  
 Retirement  
 Death  
 Leave of Absence with Pay  
 Leave of Absence without Pay  
 Disability

10. OTHER INTER-SERVICE CHANGES  Promotion  Transfer  
 Pay Increase  Demotion  
 Other \_\_\_\_\_  
 Withholding exemptions (include W-4) from \_\_\_\_\_ to \_\_\_\_\_  
 Suspension (Deduct \_\_\_\_\_ days pay) from \_\_\_\_\_ to \_\_\_\_\_ Inclusive

11. APPOINTMENT OR SEPARATION (Attach Form W-4 for appointment)  
(Start) (End) Salary at: Range and Step P19A \$12.04/hr Effective Date: 1-7-88  
For 1-9-88 payroll: Number of days to be paid this Pay period: 2 days

12. TITLE CHANGE  
New Position Title: \_\_\_\_\_ Class Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

13. PAY CHANGE  
From: Step \_\_\_\_\_ \$ \_\_\_\_\_ To: Step \_\_\_\_\_ \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

14. EMPLOYEE GROUP INSURANCE (New Card must accompany change)  
 None  
 Single  
 Family  
Date of First Deduction: \_\_\_\_\_ Amount: \_\_\_\_\_

15. Accidental Death and Dismemberment  
No  Yes   
Date of First Deduction: \_\_\_\_\_ Amount: \_\_\_\_\_

16. United States Saving Bonds Yes  No   
Date of First Deduction: \_\_\_\_\_ Amount: \_\_\_\_\_

17. Reason or Explanation of Action (To be completed in all cases)

By order of the Fire & Police Commission Curtis Borman began employment as a Probationary Officer effective 7 January 1988.

Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY \_\_\_\_\_  
DIVISION HEAD

CERTIFIED BY \_\_\_\_\_  
PERSONNEL OFFICER

RECOMMENDED BY \_\_\_\_\_  
DEPARTMENT HEAD

APPROVED BY \_\_\_\_\_  
VILLAGE MANAGER

# Village of Niles

"Where People Count"

7200 N. Milwaukee Avenue • Niles, Illinois 60714-4393  
(847) 588-6500

January 6, 1997

Sgt. Kurt Borman  
Skokie Police Department  
Laramie at Main  
Skokie, Illinois 60077

Dear Sgt. Borman:

I want to personally thank you for the assistance you recently rendered us during an armed robbery. I understand that your department agency came to our aid prior to our department asking for assistance. Such cooperation between agencies is very gratifying.

On behalf of our officers involved in this incident, as well as myself, thank you. Of course, we will return the favor when the need arises.

Sincerely,



Raymond Giovannelli  
Chief of Police

cc: Chief William D. Miller

TO:

Chief of Police  
William Miller  
SKOKIE POLICE  
11-13-94

28507

Dear Sir,

In was regarding case# 9428507,  
that I would like to bring to your  
attention - your dept<sup>officer</sup> had been a tremendous  
support during the time when I needed.  
They have helped me and was very  
patient and that way my life was  
saved - from my husband & inlaws.  
I want to thank the officers who  
helped me and I appreciate truly. They  
are:-

Officer Frederick Brehmer  
Officer Hart  
Officer Heelan 341  
and Officer C. Borman 206 .

Thanking You

Sunita Chakrabarty .

cc:- Officer Brehmer

cc:- Officer Hart

cc:- Officer Heelan 341

Officer C. Borman 206 .

# Chicago ACCEPTANCE CORPORATION

GENERAL & ADMIN. 708/673-9700  
CUSTOMER ACCOUNTS 708/677-7777  
DEALER LINE 708/677-2274  
FAX NUMBER 708/677-3333  
CREDIT INFORMATION 708/673-6655

8828 NILES CENTER ROAD  
SKOKIE, ILLINOIS 60077

August 9, 1994

Chief William D. Miller  
Skokie Police Department  
Laramie at Main  
Skokie, Illinois 60077

Dear Chief Miller:

I am the President and Chief Executive Officer of Chicago Acceptance Corporation. Our offices and vehicle display lot are located at 8828 Niles Center Road.

I am prompted to write this letter by a recent incident which occurred on the display lot. Criticism is all too frequent and recognition of outstanding service seldom noted.

First, I wish to compliment your personnel and acknowledge their dedicated service in dealing with incidents which from time to time occur on the vehicle display lot. The Skokie police officers have paid attention to all such incidents and have diligently reported them to us.

The recent incident to which I refer involved some young men who were apprehended by Officer Curtis Borman, Star No. 206, at approximately 2:00 a.m. one morning. Their court date was earlier this week and, of course, Officer Borman was in attendance. A representative of our company and our corporate attorney were present in Court also. I wish to commend Officer Borman in particular for his diligence in dealing with the incident when it occurred and his professional attitude and demeanor in Court earlier this week as reported to me by our representative and attorney. Officer Borman, in our judgment, represents and exhibits the highest quality of professional law enforcement standards, as I am sure your other officers do.

As our attorney told Officer Borman, it is the strict policy of this company to support the law enforcement agencies of the Village of Skokie, and we thank you and your personnel for the diligent and professional way in which they discharge their duties.

Very truly yours,

CHICAGO ACCEPTANCE CORPORATION

By: 

ALVIN DOPPELT, President  
and Chief Executive Officer

cc: Mrs. Jacqueline Gorell, Mayor  
Officer Curtis Borman, Star No. 206

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzhall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • 982-5900



August 19, 1994

Mr. Alvin Doppelt, President  
Chicago Acceptance Corporation  
8828 Niles Center Road  
Skokie, IL 60077

Dear Mr. Doppelt:


Thanks for your kind letter acknowledging the services of Officer Curtis Borman during his recent apprehension and court appearance involving your business.

Officer Borman is a perfect example of many of our officers who go out of their way to ensure professionalism, but also ensure competence in dealing effectively with individuals they arrest and citizens they serve. I know that Officer Borman has personally received a copy of your letter. I will ensure that a copy is placed in his personnel file and one given to him through his supervisors for direct recognition within the Department.

By taking the time to acknowledge Officer Borman, I know he and others will be recommitted to their professional responsibility to serve others, which is enhanced by comments like yours.

Thank you for your response. If we may assist you at any time in the future, please do not hesitate to call.

Sincerely,

  
William D. Miller  
Chief of Police

WDM/dw



An Accredited Agency



Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzshall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M. Meyer  
Manager Albert J. Rigoni

Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • (708) 982-5900



# Letter of Commendation

**Presented to . . .**      *OFFICER CURTIS BORMAN*

**For . . .**      *OUTSTANDING PERFORMANCE OF DUTY*

On June 27, 1994, Officer Curtis Borman responded to the vicinity of 4800 Crain Street on a "suspicious person tampering with an auto" call. Officer Borman assisted in locating five subjects hiding in a vehicle at 4821 Crain Street. Shortly thereafter, Officers discovered that an attempt to steal the wheels and tires of a nearby vehicle had occurred. Burglary tools were located under the suspect's auto, and parts from the victim's auto were recovered from the suspect's vehicle.

The circumstances of this incident required coordination, persistence and diligence on behalf of all of the Officers to successfully conclude the arrests. Each of the Officers responded eagerly and carried out his assignment in a professional and complete manner.

Later, at the station, Officer Curtis Borman skillfully elicited admissions from all of the subjects, who were charged with Attempt Theft from Auto.

Officer Borman is commended for his extraordinary dedication and commitment to providing outstanding police service.

  
\_\_\_\_\_  
**CHIEF OF POLICE**

\_\_\_\_\_  
**COMMANDER**

June 29, 1994

\_\_\_\_\_  
**DATE**



An Accredited Agency

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzshall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • 982-5900



June 28, 1994



Dear Mrs. Sloan:

Thanks for your kind letter complimenting the services of **Officer Curtis Borman** in his handling of your recent family situation.

Officer Borman is an exemplary officer who displays the attributes of compassion and courtesy as he performs his services for our Department. Thankfully, I am blessed with many officers like Officer Borman who blend the beauty of caring for others as they enforce the laws on behalf of the community. I will personally see that Officer Borman receives a copy of your letter and that a copy is placed in his personnel file for future reference.

Let me thank you for taking the time to write to us. Often in today's fast-paced world, we fail to say thanks to those who help us. Your letter of thanks speaks well of you and how you feel about others. On behalf of the Police Department, especially Officer Borman, thank you for your letter. Such letters only reinforce our dedication to those we serve. If we may be of service to you in the future, please do not hesitate to call.

Sincerely,



William D. Miller  
Chief of Police

WDM/dw



An Accredited Agency

LINCOLNWOOD POLICE DEPARTMENT

6900 NORTH LINCOLN AVENUE  
LINCOLNWOOD, ILLINOIS 60646  
(708) 673-2167  
FAX: (708) 673-2240



TAD LEACH  
CHIEF OF POLICE

October 18, 1993


Chief William Miller  
Skokie Police Department  
Laramie at Main  
Skokie, IL 60076

Dear Chief Miller:

On October 10, 1993, 0345 hours, Lincolnwood Police responded to a house fire at 7169 N. Hamlin Avenue. Sergeant Jarczyk arrived at the scene and observed Officer Curt Borman attempting to gain entry to the home in an effort to rescue a father and his daughters who were inside. Upon seeing the interior of the house engulfed in flames, Sergeant Jarczyk directed Officer Borman to cease for his own safety. Officer Borman then turned his attention to a woman who was severely injured after jumping from the burning house. He rendered comfort and aid to the victim until the paramedics arrived.

On behalf of the Department, I would like to extend my gratitude to Officer Borman for his extraordinary efforts during this dangerous and, unfortunately, tragic incident. He is a credit to the Skokie Police Department.

Sincerely,

  
Karl Starpins  
Acting Chief of Police

mg

cc: Officer Curt Borman



Dear Sir,

I'm indeed grateful for the terrific Police Department of Spokie and I'm proud to live here.

Last night (Sat), I had the misfortune of getting an awful flat tire on Dempster Street, and was absolutely terrified at all the traffic.

I sat with my flashers going, and just about ready to hess out in tears, when your nice Officer C. German, came to my rescue.

His gentle manner helped to calm me, and

made me feel safe. He called in for a tow truck, and protected me, till my car was pulled off the busy street for the necessary repairs.

Again, I thank you, and your courteous Officer German.

He is a credit to your force.

Respectfully,  
 Selma Leder

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
Robert S. Fritzshall  
Frank G. McCabe  
Donald P. Perille  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M. Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • (708) 982-5900



May 20, 1992

Mr. Arthur Greenman  
Greenman, Haas & Company, Ltd.  
707 Lake Cook Road  
Deerfield, IL 60015-4972


Dear Mr. Greenman:

Thanks for your kind letter expressing appreciation for the services of Officer Borman in the handling of a recent traffic accident. Officer Borman is an outstanding example of the professionalism displayed by many officers of this Department in providing caring, competent police service to the residents and visitors of Skokie.

I will personally see that Officer Borman receives a copy of your letter acknowledging his services. Likewise, a copy will be placed in his personnel file for future reference.

Please accept my thanks for complimenting our Department. Your letter says much about you for taking the time to thank others. If we may be of assistance to you in the future, please do not hesitate to call.

Sincerely,

  
William D. Miller  
Chief of Police

WDM/dw



An Accredited Agency

GREENMAN, HAAS & COMPANY, LTD.

CERTIFIED PUBLIC ACCOUNTANTS

707 LAKE COOK ROAD

DEERFIELD, ILLINOIS 60015-4972

ARTHUR GREENMAN, M.B.A., C.P.A.

FRANK HAAS, B.B.A., C.P.A.

(708) 480-0077

(312) 273-5555

FAX (708) 480-5703

MEMBER: AMERICAN INSTITUTE

OF CERTIFIED PUBLIC ACCOUNTANTS

ILLINOIS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

May 11, 1992

Skokie Police Department  
8350 N. Laramie  
Skokie, Illinois 60077

Attention: Chief of Police

Dear Sir:

I was involved in a minor auto accident yesterday afternoon (May 10, 1992) at the intersection of Lincoln Avenue and Brown Street in Skokie.

I was driving north on Lincoln, had crossed the intersection of Lincoln Avenue and Brown Street when a vehicle coming from the opposite direction made a sudden left turn and hit the front left side of my car. No injuries were sustained by either party.

This letter is intended to commend Office Borman who handled the investigation. He arrived within five to ten minutes of the accident, conducted an interview with both drivers and dispatched himself with high professionalism and handled the matter in a very thorough fashion.

He did an excellent job and I wish to commend him for his service record and let you know that he was most helpful all the way around.

Very truly yours,



By Arthur Greenman, C.P.A.

AG:gg



LOYOLA  
UNIVERSITY  
CHICAGO

Department of Criminal Justice

Water Tower Campus  
820 North Michigan Avenue  
Chicago, Illinois 60611  
Telephone: (312) 915-7564

William D. Miller, Chief  
Skokie Police Dept.  
Laramie at Main  
Skokie, IL 60077

01 April 92

Dear Chief Miller,

On Saturday, March 21, 1992, I had the opportunity to "ride along" with **Officer Curt Borman**. With the exception of the miserable weather we had, it was one of the most pleasant "ride along" experiences I have had to date. Officer Borman demonstrated his knowledge of the job and an admirable attitude toward his job and everything connected with it. As a representative of your agency, Officer Borman provided an excellent image.

As a citizen of Skokie, I can only hope that Officer Borman is typical of all Skokie police officers. As an ex-police officer and as a criminal justice educator I can only hope that the future will see more Officer Bormans.

Thank you for the opportunity to "ride along" and I hope I have other opportunities. In the meantime, I would be honored if you had the time soon to have lunch with me. I am looking forward to hearing from you.

Respectfully,

M.L. Dantzker, Ph.D.  
(312) 915-7563

*Phoned & Thanked  
April 16, 92  
W.D.M.*

GROSSMAN DEBARTOLO HANNON WOLENS DOUSMAN, INC.

5200 CHURCH STREET  
SKOKIE, ILLINOIS 60077-1197

CONSUMER PRODUCTS MARKETING  
MANUFACTURERS' REPRESENTATIVES

TELEPHONE (708) 965-5200  
FAX (708) 965-5632

September 6, 1990

Chief of Police  
Village of Skokie  
Laramie & Main  
Skokie, IL 60076

Just a brief note to commend the Skokie Police Department for being alert to what turned out to be nothing, but shows the sensitivity of what your force is doing.

Last night two of our salesmen were working late in our office about 9 p.m. They left two Vans parked in a suspicious manner in front of our office, not being concerned because they were here on off office hours.

Your force noted the unusual lights at this hour, the haphazard parking of both Vans, and were suspicious of a break-in.

As I said, they were only working at night, but shows how your Police Force is alert to possible break-ins.

We commend your staff.

Sincerely,

Alex De Bartolo  
ADB:rs

CAPTAIN H:

THE OFFICER who checked  
this out was BORMAN.  
Could you put a copy of this  
in his file?

THANK YOU  
B. Silverberg

Watch III  
Commander

Please read at  
roll call.  
per Chief

Dranner



Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
William J. Elliott  
Robert S. Fritzshall  
Frank G. McCabe  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • 982-5900



17 March 1989

Ms. Jo Schneider  
9800 N. Keystone Avenue  
Skokie, Il 60076

Dear Ms. Schneider:

Thank you for your kind letter expressing your appreciation for the services provided by Officer Curtis Borman in finding your lost auto in Old Orchard on March 11, 1989. We are glad we were able to assist you and Mr. Silver.

I am extremely pleased with the many dedicated and fine Officers of our Department who effectively serve the public in Skokie on a daily basis.

Thank you for taking the time to express your gratitude for our services. Too often people fail to let others know how they feel and you taking the time says that you are a person who cares. On behalf of all members of the Police Department, please accept my thanks for writing to us.

I am hopeful that our services will continue to merit your support. If we can be of any assistance to you in the future, please do not hesitate to call on us.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

William D. Miller  
Chief of Police

WDM/bc



An Accredited Agency

Frank Silver - Chicago, Ill.  
Joseph - Philadelphia, Pa.

Mr. Silver is a patient & kind, warm  
he drives me around for about 3/4 hour  
in the Park on Saturday afternoon  
his hospital was first our last auto  
"Cut" is not that he  
knows what a beautiful man  
Great - your kind to let you  
Chief William Miller -  
Sunday March 12 - 89

all is many thanks.  
his years and good health, God bless  
may he live good and all through  
time. I think all the more  
always young - but I feel the  
parts, but I am very good -  
Silver sometimes forgets when he  
my memory - my friend Frank  
hard to please me, we were  
cannot describe how he tried to



基督教美國信義會華人基督教會  
CHINESE CHRISTIAN CHURCH LUTHERAN CHURCH IN AMERICA

1500 WEST ELMDALE AVENUE - CHICAGO, ILLINOIS 60660 - PHONE (312) 743-1831

8/3/88

Dear Skokie Police Officers:

Thank you so ever much for your help at my house at 4914 W. Farmell this afternoon.

I've never in my life felt as scared as I was this afternoon. I really thought someone had gone into the house and locked the door. When I was hanging up clothes in the back yard I once heard the screen door, so I poked my head toward the door, but saw nothing. After I was done hanging the clothes my dog and I walked to the door but it was closed and locked.

My family and I are very grateful for your speedy arrival and your thoroughness in checking the house. Though I was glad no one was found in the house I felt quite bad for all your trouble.

But, please believe me, I was really frightened and didn't call you simply because I locked myself out. In fact, my father came home a little after you left and we couldn't figured out how the door got locked, since I left the door ajar when I went outside and also, the bottom lock is never locked because we don't have the key.

In any case, I apologize for any trouble



基督教美國信義會華人基督教會  
CHINESE CHRISTIAN CHURCH LUTHERAN CHURCH IN AMERICA

1500 WEST ELMDALE AVENUE - CHICAGO, ILLINOIS 60660 - PHONE (312) 743-1831

I have caused the Skokie Police Dept. And, I  
thank you from the bottom of my heart for  
everything you've done for me and my family  
today. May God Bless You and Yours.

Sincerely, Very Truly Yours  
Emercy J. Tang

Re: Officers Borman ✓  
Brehmer  
Rizer  
Sgt. Silverberg  
Com. Opr. Canalle

September 6, 1988

Chief of Police - William Miller  
Skokie Police Dept.  
Laramie at Main  
Skokie, IL 60077

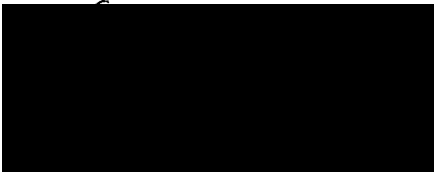
Dear Mr. Miller;

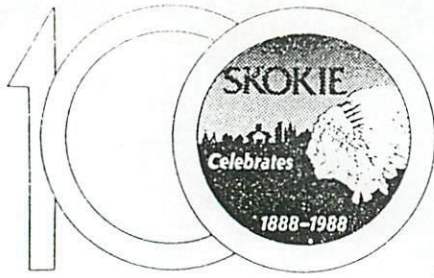
We wish to express our thanks and commend the two police officers who answered a call at 8249 Lawndale -- which is next door to where we live.

They very professionally carried out their duty of getting approximately 50 young people (boys and girls) out of that home. The young lady who lives there had innocently invited some of her friends - we believe about 10 - to a party - or rather a rehearsal of a rock band, but as you know "the word gets around"....and my dog went wild when he saw all those young people trespassing our property. We got a bit suspicious and called their home -- this young lady advised us that it was getting out of hand and she couldn't get anyone to leave! Therefore, we called for your officers to come and resolve this problem.

We cannot say enough about the courtesies they extended to these young people and how firmly they dealt with them without causing a problem. We didn't get their names but we are quite sure that your records will indicate who they were. Please give them our thanks and appreciation.

Sincerely,





# Village of Skokie

P.O. Box 309 • 5127 Oakton St. • Skokie, Ill. 60077 • (312) 673-0500

Council-Manager Government	
Mayor	Jacqueline Gorell
Clerk	Marlene Williams
Trustees	Manly R. Crott
	William J. Elliott
	Robert S. Fritzshall
	Frank G. McCabe
	George Van Dusen
Counsel	Barbara M Meyer
Manager	Albert J. Rigoni

19 September 1988



Thank you for your kind letter of September 6th noting our Department's positive response to a party that got out of hand at your neighbor's house.

Officers Keener, Borman and Loconsole, who responded to the incident on September 3rd, will receive copies of your letter and a copy will also be placed in their personnel files.

Thank you for being a concerned neighbor and for assisting us that night. Also accept my thanks for taking the time to write to me expressing the positive interaction that we displayed that evening. Too often many of us are too busy to say thanks and you have shown us by your actions that you truly care.

If we may be of assistance to you in the future, please feel free to let me know.

Sincerely,




William D. Miller  
Chief of Police

WDM:ev

Centennial Committee  
 Albert J. Smith, Honorary Chairman  
 Frank McCabe, Chairman • Albert Rigoni, Vice Chairman  
 Neil Bergman • Daniel Brown • John Haben • Archel Hanson  
 Sue Schwartz • Roberta Sweetow

12 December 1988



Thank you for your kind letter expressing satisfaction with Ofr. Curtis Borman's actions surrounding a recent lockout of an auto that you experienced.

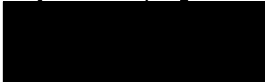
I am extremely pleased with Ofr. Borman's performance and the actions of all members of the Skokie Police Department for their efficient and courteous assistance to citizens, as well as their vigilance in enforcing and preventing criminal incidents in Skokie.

I will personally see that Ofr. Borman is advised of your letter, as well as place a copy in his personnel file.

Your letter of thanks also reflects upon you in a positive way. You have taken the time to say thank you when too often in this fast-paced world we fail to take the time to say thanks. Please accept my personal thanks for dropping a note to me.

Feel free to call upon us if we can be of assistance to you in the future.

Sincerely,



William D. Miller  
Chief of Police

WDM:ev

Dec 2nd,

Re: Ofr. Curtis Borman  
Lock out of auto

Stoken Police Dept:

Please extend my deep appreciation to the officer who helped me Thursday evening December 1st, at the Old Orchard Shopping Center. I forgot to get his name.

He was very considerate, polite and caring. A definite asset to your department.

Sincerely,





VILLAGE OF SKOKIE  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 1-7-98 Rec'd by Personnel 1.8.98

<b>BORMAN, CURTIS S.</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	[REDACTED] Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time / hrs. per week _____  <input type="checkbox"/> Seasonal  <input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment  <input type="checkbox"/> From Worker's Comp  <input type="checkbox"/> From Disability  <input type="checkbox"/> From Leave without Pay  <input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input checked="" type="checkbox"/> Resignation      <input type="checkbox"/> Onto Worker's Comp  <input type="checkbox"/> Retirement      <input type="checkbox"/> Onto Temp. Disability  <input type="checkbox"/> Disability      <input type="checkbox"/> Onto Leave without Pay  <input type="checkbox"/> Dismissal      <input type="checkbox"/> Onto Suspension  <input type="checkbox"/> Death      <input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work <u>1-8-98</u></p> <p>Last Day to be Paid <u>1-8-98</u></p> <p>No. of Days or Hours to be Paid this Pay Period:  <u>7.583 days</u></p> <p><b>Payroll of 1-23-98</b></p>
--	--	---

**IN-SERVICE CHANGE**

Promotion       Transfer      New Position Title \_\_\_\_\_

Reclassification       Demotion      New Range and Step \_\_\_\_\_

Title Change       Shift/Non-Shift      Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Sgt. Borman resigned from the Police Department, effective 1-8-98. Payout as follows:**

Vacation Days      **6.583**

Bonus Days      **2**

**Paid for 1/9/98, but not worked (-1.00 day)**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]      CERTIFIED BY [REDACTED] *Director*

RECOMMENDED [REDACTED]      APPROVED BY [REDACTED] *Village Manager*

*Department Director*

CURTIS BORMAN

---

9009 GOLF ROAD, #10-E  
DES PLAINES, IL 60016-1907  
847/299-4845

January 7, 1998

Dear Chief Miller:

As you know, I have been employed by the Skokie Police Department for ten years. In that time, I have been challenged and stimulated by my work, supported by fellow employees, and encouraged by management. I am proud to have had the opportunity to serve the Village as a member of your department.

However, at this point of my life, I am seeking other opportunities and a change of surroundings.

Please accept my resignation, effective January 21, 1998, along with my appreciation for a satisfying and rewarding ten years.

Sincerely,



Curtis Borman

*Approved  
Last workday  
8 JAN 98  
W.D. Miller*

VILLAGE OF SKOKIE -- PERSONNEL DEPARTMENT

EMPLOYEE EVALUATION FORM FOR SEPARATING EMPLOYEES

Please complete this form and attach to employee's final Form IV.

EMPLOYEE NAME BORMAN, CURTIS DEPARTMENT POLICE

POSITION SERGEANT EMPLOYMENT DATES 1-7-88 to 1-8-98

	EXCELLENT	GOOD	FAIR	POOR
Quality of Work	X			
Quantity of Work		X		
Job Knowledge	X			
Initiative	X			
Work Relations:				
With Supervisor		X		
With Co-Workers		X		
Attendance and Punctuality	X			

Comments EXCELLENT EMPLOYEE - SORRY TO LOSE HIM.

Reason for leaving: TO RELOCATE IN LAS VEGAS, NEV. & TAKE A POSITION WITH THE SHERIFF'S DEPT.

Is employee eligible for rehire? \_\_\_\_\_ YES X NO

If no, why: FIRE & POLICE COMMISSION REGULATION

PREPARED BY: Captain James R. Halas DATE 1-7-98

SIGNATURE [Redacted] TITLE Field Operations Division Commander

12/31/97 E.L. 55 SICK 33 SICK HOL. 0 FLOATERS 0 VAC. 0 BONUS DAYS 2

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN					P	D																									
FEB					O	O																									
MAR																															
APR																															
MAY																															
JUN																															
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															

- LEGEND**
- AO - ALL OTHER
  - CT - COMP TIME
  - DO - DAY OFF
  - EL - EMERGENCY LEAVE
  - FH - FLOATING HOLIDAY
  - ID - INJURED ON DUTY
  - IO - INJURED OFF DUTY
  - MD - MILITARY DUTY
  - NR - ABSENT NO REPORT
  - S - SICK
  - T - TRAINING
  - V - VACATION
  - NP - WITH ANY ABBREVIATION NO PAY
  - VH - VACATION HOLIDAY
  - BH - BONUS HOLIDAY
  - S - SICK LEAVE
  - X - SUSPENDED

12/31/96 E.L. 55 SICK 22 SICK HOL. 0 FLOATERS 0 VAC. 0 BONUS DAYS 23

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
JAN			DO	DO							DO	DO	DO	DO	DO	BH	BH	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO					
FEB						DO	DO					DO	DO	DO	DO	DO																					
MAR						DO	DO	DO				DO	DO	DO	DO	DO																					
APR											DO	DO	DO	DO	DO	DO	V	V	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO			
MAY				FH	FH	FH	BH	DO	DO			DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO			
JUN												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO		
JUL												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO		
AUG												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	
SEP												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	
OCT												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO
NOV												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO
DEC												DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO	DO

10.00  
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1.08  
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1.81  
1.34  
1.96

- LEGEND**
- AO - ALL OTHER
  - CT - COMP TIME
  - DO - DAY OFF
  - EL - EMERGENCY LEAVE
  - FH - FLOATING HOLIDAY
  - ID - INJURED ON DUTY
  - IO - INJURED OFF DUTY
  - MD - MILITARY DUTY
  - NR - ABSENT NO REPORT
  - S - SICK
  - T - TRAINING
  - V - VACATION
  - NP - WITH ANY ABBREVIATION NO PAY
  - VH - VACATION HOLIDAY
  - BH - BONUS HOLIDAY
  - S - SICK LEAVE
  - X - SUSPENDED

POLICE DEPARTMENT

Skokie, Illinois

January 7, 1998

Personnel Order No. 98-01

TO: All Personnel

FROM: William D. Miller, Chief of Police

SUBJECT: Resignation - Sergeant Curtis Borman

Sgt. Curtis Borman has resigned from the Skokie Police Department effective January 8, 1998.

WDM/dw

CC: Capt. James Halas  
Lt. Paul Banks  
Sgt. Curtis Borman  
Bulletin Board  
Personnel File  
Master File

1. Type of Notice:  Appointment  
 Separation  
 Status Change

**NOTICE OF APPOINTMENT/SEPARATION  
PLEASE TYPE ONLY**

Illinois Law Enforcement Training and Standards Board  
600 South Second Street - Suite 300  
Springfield, IL 62704-2542  
217/782-4540 Fax: 217/524-5350 TDD: 217/524-57

2. Name - Last BORMAN		First CURTIS	Middle S.	3. Social Security Number [REDACTED]	4. Date of Birth [REDACTED]
5. Prior Names Used			6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	7. Race [REDACTED]	8. Educational Level HS SC A B M PhD
9. Agency Name, Address and Administration Phone Number Skokie Police Department Laramie at Main Skokie, IL 60077-2491 847-982-5900				10. Rank/Classification Sergeant	
				11. Date of Initial Appointment (mm/dd/yy) 01-07-88	
12. The above named person's PREVIOUS service as a peace/correctional officer was with the following:					
Name of Agency		from (mm/dd/yy)		to (mm/dd/yy)	

**NOTICE:** The Board requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720 and Public Act 89-170. Disclosure of this information is **MANDATORY**. The Board could seek legal action against those agencies failing to disclose the required information.

**APPOINTMENT INFORMATION**

13. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Coroner's Office <input type="checkbox"/> State's Attorneys Office <input type="checkbox"/> Other	14. Work Status <input type="checkbox"/> # of hours worked per week  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary Hourly Pay Rate \$ _____
<input type="checkbox"/> Completion of ILETSB Certified Law Enforcement Basic Training Course	
<input type="checkbox"/> Completion of ILETSB Certified Correctional Basic Training Course	
<input type="checkbox"/> Completion of ILETSB Certified Part-time Basic Training Course	
<input type="checkbox"/> Completion of ILETSB Certified Mandatory Firearms Training Course	
<input type="checkbox"/> The above-named person has NOT satisfied the basic training requirements	

**SEPARATION INFORMATION**

15. Reason for Separation:  Resigned  Retired  Terminated  Deceased  Left for New Job  
 Convicted of Crime or Other Misconduct  Other

Last date of employment with this agency (mm/dd/yy): 01-08-98

**COMMENTS**

16. [REDACTED]

**ATTESTATION OF REPORTING OFFICIAL**

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.

<u>[REDACTED]</u>	William D. Miller Chief of Police	1-8-98
Signature of Chief Agency Administrator	Print Chief Agency Administrator's Name and Title	Date

**INSTRUCTIONS FOR COMPLETION OF THE  
NOTICE OF APPOINTMENT/SEPARATION FORM**

The Notice of Appointment/Separation form is to be completed and submitted to the BOARD prior to attendance at any Board Training Academy or MTU sponsored training course. This form must also be filled out if a person laterally enters or changes status within the same agency, or is separated from an agency that participates in the Board program.

The Identification Information section of the form must always be completed, AND either Appointment Information section or Separation Information section as appropriate. PLEASE PRINT TYPE ONLY.

Instructions for Completing the Form:  
IDENTIFICATION INFORMATION (Verifying agency records that this information is correct)

1. TYPE OF NOTICE: Please check the appropriate notice type.
2. NAME: Enter the person's last name, first name and middle name.
3. SOCIAL SECURITY NUMBER: Enter the person's Social Security Number. This information will be used solely as the unique identifier for the person in processing appropriate Board records.
4. DATE OF BIRTH: Enter the person's date of birth (month, day, year) in numerical form (e.g., 07-12-68).
5. PRIOR NAMES USED: Enter any names the person has been known as, such as Maiden name. If additional space is needed, list in space 16.
6. SEX: Circle M (male) or F (female).
7. RACE: Circle the person's race or ethnic background. This information will be used by the Board for statistical purposes only.  
AA= African American, AS= Asian/Oriental American, CA=Caucasian American, HI=Hispanic American, NA= Native American
8. EDUCATIONAL ATTAINMENT: Please circle completed coursework HS=high school, SC=some college, A=Associates, B=Bachelors, M=Masters, PhD= any type of Doctorate
9. AGENCY NAME, ADDRESS and ADMINISTRATIVE PHONE NUMBER: Enter complete name and address of the appointing/separating agency and admin phone number.
10. RANK/CLASSIFICATION: Enter the person's rank or classification (e.g., cadet, police officer, sheriff, sergeant, lieutenant, chief, etc.)
11. DATE OF INITIAL APPOINTMENT: Enter the month, day, and year of initial appointment to the agency.
12. THE ABOVE-NAMED PERSON LAST SERVED AS A PEACE/CORRECTIONAL OFFICER WAS WITH THE FOLLOWING: Enter the complete name of agency that the person last (previously) served as a peace/correctional officer, and the beginning and ending dates of service with that agency.

**APPOINTMENT INFORMATION**

13. Place an X in the appropriate space for the OFFICER/CORONER OFFICESTATES ATTORNEYS OFFICE/OTHER. If OTHER, please specify in space 16.
13. COMPLETION OF ILETSB CERTIFIED LAW ENFORCEMENT BASIC TRAINING COURSE: Place an X here if appointee has successfully completed a Law Enforcement Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF ILETSB CERTIFIED CORRECTIONAL BASIC TRAINING COURSE: Place an X here if appointee has successfully completed a Correctional Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF ILETSB CERTIFIED PART-TIME BASIC TRAINING COURSE: Place an X here if appointee has successfully completed a Part-time Basic Training Course at one of the Board's authorized locations.
13. COMPLETION OF ILETSB CERTIFIED MANDATORY FIREARMS TRAINING COURSE: Place an X here if appointee has completed a Board certified firearms training course.
13. THE ABOVE-NAMED PERSON HAS NOT SATISFIED THE BASIC TRAINING REQUIREMENT. Place an X in the space if the person has not satisfied the basic training requirement; for example, the person is enrolled in a basic academy but has not graduated, or the person has been appointed as a peace officer but has not begun/completed basic training. Explain in space 16.
14. Place an X in the appropriate space for FULL TIME/PART TIME/AUXILIARY, enter the # OF HOURS WORKED PER WEEK, and HOURLY PAY RATE \$ (if the officer is salaried, divide the annual salary by 2080 hours to obtain the hourly pay rate.  
NOTE: An Auxiliary officer is defined in the Illinois Compiled Statutes (50 ILCS 705).

**SEPARATION INFORMATION**

15. LAST DATE OF EMPLOYMENT: Place an X in the appropriate space for the reason of separation. If "Convicted of Crime or Other Misconduct" or "Other" are checked, please explain in space 16. Enter the date of separation by month, day, year.

**COMMENTS**

16. Enter additional useful information that will clarify or supplement information provided in the Identification Information or Appointment Information sections.

**TESTATION OF REPORTING OFFICIAL**

17. The chief agency administrator must sign and date the Notice of Appointment/Separation form.



Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Robert S. Fritzshall  
Michael A. Gelder  
Frank G. McCabe  
Donald P. Perille  
Harry C. Piper  
George Van Dusen  
Counsel Barbara M Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • (847) 982-5900  
Fax (847) 982-5934



TO: Mr. John M. Mack, Chairman  
Fire & Police Commission

FROM: William D. Miller, Chief of Police *William D. Miller*

DATE: January 8, 1998

SUBJECT: RESIGNATION OF SERGEANT CURTIS BORMAN

I have received and accepted the resignation of Sergeant Curtis Borman effective January 8, 1998, which is also his last day on the job.

A copy of his resignation is attached.

WDM/dw

Attachment

cc: Mr. James Aydt, Personnel Director



An Accredited A.A.

VILLAGE OF SKOKIE  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 5-23-97 Rec'd by Personnel 5-28-97

<b>BORMAN, CURTIS S.</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	[REDACTED] Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>5-79-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time</p> <p><input type="checkbox"/> Part-Time / hrs. per week _____</p> <p><input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment</p> <p><input type="checkbox"/> From Worker's Comp</p> <p><input type="checkbox"/> From Disability</p> <p><input type="checkbox"/> From Leave without Pay</p> <p><input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input type="checkbox"/> Resignation      <input type="checkbox"/> Onto Worker's Comp</p> <p><input type="checkbox"/> Retirement      <input type="checkbox"/> Onto Temp. Disability</p> <p><input type="checkbox"/> Disability      <input type="checkbox"/> Onto Leave without Pay</p> <p><input type="checkbox"/> Dismissal      <input type="checkbox"/> Onto Suspension</p> <p><input type="checkbox"/> Death      <input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

Promotion       Transfer      New Position Title \_\_\_\_\_

Reclassification       Demotion      New Range and Step \_\_\_\_\_

Title Change       Shift/Non-Shift      Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ 27.409/hr      Range and Step P22F      Longevity Year \_\_\_\_\_      Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ 28.093/hr      Range and Step P22F+      Pension:  IMRF     Police     Fire     None

Other Compensation (type) \_\_\_\_\_      Amount \$ \_\_\_\_\_      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

Effective Date of Change 6-19-97      Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**See attached Performance Evaluation. Advance to F+ Step.**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED]      CERTIFIED BY [REDACTED]

RECOMMENDED [REDACTED]      APPROVED BY [REDACTED]

Department Director      Village Manager

VILLAGE OF SKOKIE  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 8-25-97 Rec'd by Personnel 8-27-97

<b>BORMAN, CURTIS</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	[REDACTED] Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time / hrs. per week _____  <input type="checkbox"/> Seasonal  <input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment  <input type="checkbox"/> From Worker's Comp  <input type="checkbox"/> From Disability  <input type="checkbox"/> From Leave without Pay  <input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input type="checkbox"/> Resignation      <input type="checkbox"/> Onto Worker's Comp  <input type="checkbox"/> Retirement      <input type="checkbox"/> Onto Temp. Disability  <input type="checkbox"/> Disability      <input type="checkbox"/> Onto Leave without Pay  <input type="checkbox"/> Dismissal      <input type="checkbox"/> Onto Suspension  <input type="checkbox"/> Death      <input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

Promotion       Transfer      New Position Title \_\_\_\_\_

Reclassification       Demotion      New Range and Step \_\_\_\_\_

Title Change       Shift/Non-Shift      Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Change of address:** [REDACTED]

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED] CERTIFIED BY \_\_\_\_\_  
*Personnel Director*

RECOMMENDED BY [REDACTED] APPROVED BY \_\_\_\_\_  
*Department Director* *Village Manager*

**VILLAGE OF SKOKIE**  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 8-25-97 Rec'd by Personnel 8-27-97

<b>BORMAN, CURTIS</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division		

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time</p> <p><input type="checkbox"/> Part-Time / hrs. per week _____</p> <p><input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment</p> <p><input type="checkbox"/> From Worker's Comp</p> <p><input type="checkbox"/> From Disability</p> <p><input type="checkbox"/> From Leave without Pay</p> <p><input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input type="checkbox"/> Resignation</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Dismissal</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Onto Worker's Comp</p> <p><input type="checkbox"/> Onto Temp. Disability</p> <p><input type="checkbox"/> Onto Leave without Pay</p> <p><input type="checkbox"/> Onto Suspension</p> <p><input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

Promotion       Transfer

Reclassification       Demotion

Title Change       Shift/Non-Shift

New Position Title \_\_\_\_\_

New Range and Step \_\_\_\_\_

Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Change of address:**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY CERTIFIED BY \_\_\_\_\_  
*Personnel Director*

RECOMMENDED APPROVED BY \_\_\_\_\_  
*Department Director* *Village Manager*

**TO:** Dianne Williams  
**FROM:** Sergeant Curtis Borman  
**DATE:** August 22, 1997  
**SUBJECT:** Change of address

*C. Borman*

Please update the department personnel records to show the following new home address for me, effective immediately. The home telephone number remains unchanged.



Thank you very much.

Dianne -  
Please leave my middle  
name/initial off of the  
"official" change of address  
form that you prepare.  
Thanks!

*CB*

100



THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

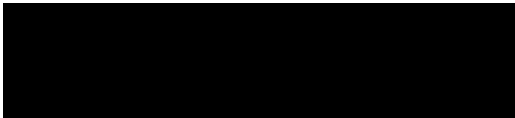
THE UNIVERSITY OF CHICAGO LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO  
LIBRARY

UNIVERSITY OF CHICAGO LIBRARY

STATE OF ILLINOIS     )  
                                  )  
COUNTY OF COOK        )

The undersigned, **CURTIS BORMAN**, being first duly sworn,  
deposes and says that his legal residence for all purposes is  
located at:



He further states that this affidavit is being presented  
to the Skokie Board of Fire and Police Commissioners in order to  
establish proof of his compliance with the residency requirements\*  
as set forth in the Rules and Regulations of the Skokie Police  
Department and Board of Fire and Police Commissioners.

  
\_\_\_\_\_  
Signature

8-31-97  
\_\_\_\_\_  
Date

\*Within the probationary period, residency must be established  
within the counties of Cook, Lake or DuPage.

POLICE DEPARTMENT

Skokie, Illinois

May 20, 1997

Personnel Order No. 97-18

TO: ALL PERSONNEL  
FROM: William D. Miller, Chief of Police  
SUBJECT: Promotion and Transfer

*William D. Miller*

By order of the Fire & Police Commission, **Officer Carl R. Bock** is promoted to the rank of Sergeant effective May 21, 1997 and is assigned to Watch II, Group F.

Effective June 1, 1997, **Sergeant Curtis S. Borman** is transferred to Watch I, Group A.

WDM/dw

cc: Capt. James R. Halas  
Capt. Michael R. Burns  
Sergeant Curtis S. Borman  
Sergeant Carl R. Bock  
Bulletin Board  
**Personnel File**  
Master File



VILLAGE OF SKOKIE  
PERSONNEL ACTION FORM PLEASE USE TYPEWRITER

Date form Issued 4-24-97 Rec'd by Personnel 42897

<b>BORMAN, CURTIS S.</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	[REDACTED] Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergaant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <p><input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time / hrs. per week _____  <input type="checkbox"/> Seasonal  <input type="checkbox"/> Temporary</p> <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <p><input type="checkbox"/> Re-employment  <input type="checkbox"/> From Worker's Comp  <input type="checkbox"/> From Disability  <input type="checkbox"/> From Leave without Pay  <input type="checkbox"/> From Suspension (if overlaps pay periods)</p> <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <p><input type="checkbox"/> Resignation      <input type="checkbox"/> Onto Worker's Comp  <input type="checkbox"/> Retirement      <input type="checkbox"/> Onto Temp. Disability  <input type="checkbox"/> Disability      <input type="checkbox"/> Onto Leave without Pay  <input type="checkbox"/> Dismissal      <input type="checkbox"/> Onto Suspension  <input type="checkbox"/> Death      <input type="checkbox"/> Onto No Pay</p> <p>Last Day at Work _____</p> <p>Last Day to be Paid _____</p> <p>No. of Days or Hours to be Paid this Pay Period: _____</p>
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**IN-SERVICE CHANGE**

Promotion       Transfer  
 Reclassification       Demotion  
 Title Change       Shift/Non-Shift

New Position Title \_\_\_\_\_

New Range and Step \_\_\_\_\_

Account Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Change of address:** [REDACTED]

**(Same phone)**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

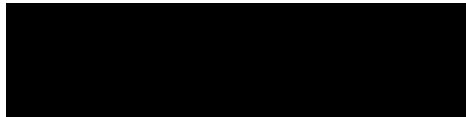
REQUESTED BY [REDACTED] CERTIFIED BY \_\_\_\_\_  
*Personnel Director*

RECOMMENDED BY [REDACTED] APPROVED BY \_\_\_\_\_  
*Department Director* *Village Manager*

April 23, 1997

Dianne:

Please update the department's personnel records to reflect my new home address:



The change is effective as of April 25, 1997.

Thank you very much.

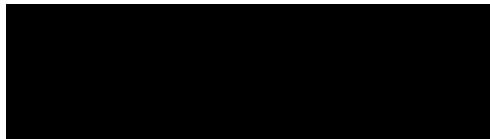
I, the undersigned, hereby declare that the information that I have provided above is accurate.

A black rectangular redaction box covering the signature of Curtis Borman.

Curtis Borman

STATE OF ILLINOIS     )  
                                  )  
COUNTY OF COOK        )

The undersigned, **CURTIS S. BORMAN**, being first duly sworn, deposes and says that his legal residence for all purposes is located at:



He further states that this affidavit is being presented to the Skokie Board of Fire and Police Commissioners in order to establish proof of his compliance with the residency requirements\* as set forth in the Rules and Regulations of the Skokie Police Department and Board of Fire and Police Commissioners.

  
\_\_\_\_\_  
Signature

4/28/97  
\_\_\_\_\_  
Date

\*Within the probationary period, residency must be established within the counties of Cook, Lake or DuPage.

POLICE DEPARTMENT

Skokie, Illinois

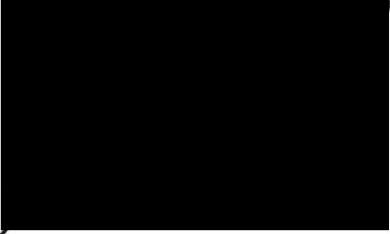
September 13, 1996

Personnel Order No. 96-29

TO: All Personnel

FROM: William D. Miller, Chief of Police

SUBJECT: Personnel Transfer



The following transfers are effective October 1, 1996:

Sergeant Curtis Borman is transferred to Watch III, Group C, Squad 1;

Sergeant Fred Brehmer is transferred to Watch I, Group A.

WDM/dw

CC: Capt. James R. Halas  
Lt. Roger Garcia  
Lt. Paul Banks  
Sgt. Curtis Borman  
Sgt. Fred Brehmer  
Bulletin Board  
Personnel File  
Master File

**VILLAGE OF SKOKIE**  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 6-14-96 Rec'd by Personnel 6.17.96

Borman, Curtis S. Employee Name (Last, First, Middle Initial)		0643 Employee No.	[REDACTED] Social Security Number
1-7-88 Date First Employed	Sergeant Current Position Title	6-19-95 Current Position Date	
Police Department	Field Division	[REDACTED] Account Number	

<p><b>APPOINTMENT</b></p> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <p>Effective Date _____</p> <p>Days to be paid this pay period _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Date of Birth _____</p>	<p><b>REACTIVATION</b></p> <input type="checkbox"/> Re-employment <input type="checkbox"/> From Worker's Comp <input type="checkbox"/> From Disability <input type="checkbox"/> From Leave without Pay <input type="checkbox"/> From Suspension (if overlaps pay periods) <p>Effective Date _____</p>	<p><b>SEPARATION / INACTIVATION</b></p> <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Dismissal <input type="checkbox"/> Death <input type="checkbox"/> Onto Worker's Comp <input type="checkbox"/> Onto Temp. Disability <input checked="" type="checkbox"/> Onto Leave without Pay <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Onto No Pay <p>Last Day at Work <u>7-10-96</u></p> <p>Last Day to be Paid <u>7-10-96</u></p> <p>No. of Days or Hours to be Paid this Pay Period:  <u>8</u></p> <p><b>Payroll of 7-12-96</b></p>
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Account Number _____

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ _____	Range and Step _____	Longevity Year _____	Rate/mo. \$ _____
Proposed / Starting Salary \$ _____	Range and Step _____	Pension: <input type="checkbox"/> IMRF <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> None	
Other Compensation (type) _____	Amount \$ _____	Start Date _____	End Date _____
Effective Date of Change _____	Retroactive to _____		

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

Sgt. Borman has been granted an educational leave of absence w/o pay commencing July 11, 1996 and continuing through July 31, 1996.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY [REDACTED] CERTIFIED BY [REDACTED]  
Director el Director

RECOMMENDED BY [REDACTED] APPROVED BY [REDACTED]  
Department Director Village Manager

*BJ 20 Feb 96*

*(Signature)*

**TO:** Chief William D. Miller via Chain of Command  
**FROM:** Sergeant Curtis Borman *C. B.*  
**DATE:** February 20, 1996  
**SUBJECT:** Educational leave of absence in July, 1996

Please grant me an unpaid leave of absence for a twenty-one day period commencing July 11th, 1996, and continuing through July 31st, 1996, to facilitate my preparation for the upcoming Illinois Bar Exam.

As you know, I will graduate from Chicago-Kent College of Law in June of this year. Afterwards, I will immediately begin enrollment in an intensive bar exam preparation course. Review sessions will be held five or six days each week throughout June and the first half of July. The actual bar exam is a two-day test that will be administered on July 30th and 31st.

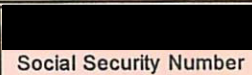

During the summer, I would like to use a combination of my accrued vacation time and a short educational leave so that I may devote my full attention to studying for this crucial and challenging exam. I understand that I am not entitled to be paid during the period of my leave of absence.

Thank you for considering this matter.

*Sgt Borman  
You are approved for educational leave  
without pay July 1, 1996. not to exceed 21 days is  
W.D. Miller  
March 5, 1996*

**VILLAGE OF SKOKIE**  
**PERSONNEL ACTION FORM** PLEASE USE TYPEWRITER

Date form Issued 8-30-95 Rec'd by Personnel 8.31.95

<b>Bormah, Curtis S.</b> Employee Name (Last, First, Middle Initial)		<b>0643</b> Employee No.	 Social Security Number
<b>1-7-88</b> Date First Employed	<b>Sergeant</b> Current Position Title	<b>6-19-95</b> Current Position Date	
<b>Police</b> Department	<b>Field</b> Division	 Account Number	

<b>APPOINTMENT</b>  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Effective Date _____  Days to be paid this pay period _____  Address _____  Telephone _____  Date of Birth _____	<b>REACTIVATION</b>  <input type="checkbox"/> Re-employment <input type="checkbox"/> From Worker's Comp <input type="checkbox"/> From Disability <input type="checkbox"/> From Leave without Pay <input type="checkbox"/> From Suspension (if overlaps pay periods)  Effective Date _____	<b>SEPARATION / INACTIVATION</b>  <input type="checkbox"/> Resignation <input type="checkbox"/> Onto Worker's Comp <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Temp. Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Leave without Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay  Last Day at Work _____  Last Day to be Paid _____  No. of Days or Hours to be Paid this Pay Period: _____
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Account Number _____

Effective Date of Change \_\_\_\_\_

**SALARY CHANGE / STARTING SALARY or PAY ADJUSTMENT**


Present Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Longevity Year \_\_\_\_\_ Rate/mo. \$ \_\_\_\_\_

Proposed / Starting Salary \$ \_\_\_\_\_ Range and Step \_\_\_\_\_ Pension:  IMRF  Police  Fire  None

Other Compensation (type) \_\_\_\_\_ Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ Retroactive to \_\_\_\_\_

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary as well as copies of any documentation backing up action)

**Change of address and phone:** 

**Effective 8-31-95.**

**Per employee request, please remove middle initial from payroll records.**

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY  CERTIFIED BY \_\_\_\_\_  
*Personnel Director*

RECOMMENDED  APPROVED BY \_\_\_\_\_  
*Department Director* *Village Manager*

August 29, 1995

Dianne:

Please note the following change in my address. Also, if possible, please delete my middle initial from the payroll record -- i.e., I would prefer that my middle initial not appear on my paychecks.

Thank you very much!

*Curt*



I hereby affirm that as of August 31, 1995, my place of residence and home phone number will be as follows:



8/29/95

STATE OF ILLINOIS     )  
                                  )  
COUNTY OF COOK        )

The undersigned, CURTIS S. BORMAN, being first duly sworn, deposes and says that his legal residence for all purposes is located at [REDACTED]

He further states that this affidavit is being presented to the Skokie Board of Fire and Police Commissioners in order to establish proof of his compliance with the residency requirements\* as set forth in the Rules and Regulations of the Skokie Police Department and Board of Fire and Police Commissioners.

[REDACTED] \_\_\_\_\_  
Signature

9/3/95  
Date

\*Within the probationary period, residency must be established within the counties of Cook, Lake or DuPage.

*BJ 20 Feb 96*

**TO:** Chief William D. Miller via Chain of Command  
**FROM:** Sergeant Curtis Borman *C. B.*  
**DATE:** February 20, 1996  
**SUBJECT:** Educational leave of absence in July, 1996



Please grant me an unpaid leave of absence for a twenty-one day period commencing July 11th, 1996, and continuing through July 31st, 1996, to facilitate my preparation for the upcoming Illinois Bar Exam.

As you know, I will graduate from Chicago-Kent College of Law in June of this year. Afterwards, I will immediately begin enrollment in an intensive bar exam preparation course. Review sessions will be held five or six days each week throughout June and the first half of July. The actual bar exam is a two-day test that will be administered on July 30th and 31st.

During the summer, I would like to use a combination of my accrued vacation time and a short educational leave so that I may devote my full attention to studying for this crucial and challenging exam. I understand that I am not entitled to be paid during the period of my leave of absence.

Thank you for considering this matter.

*Sgt Borman  
You are approved for educational leave  
without pay July 1, 1996. not to exceed 21 days in  
W.D. Miller  
March 5, 1996*

Village of Skokie  
POLICE DEPARTMENT



TO: JoAnne, Personnel  
FROM: Dianne, Police *DW*  
DATE: June 14, 1995  
SUBJECT: New Sergeant Curtis Borman

In order to add Ofr. Borman to the vacation report, here are his current earnings:

Days earned on 1/7/95	15 (Start date: 1/7/88)
Carryover from previous year	0
Days used this year	5
Days earned since 1/7/95	?

**VILLAGE OF SKOKIE  
PERSONNEL ACTION FORM**

Date Form Issued 2-17-94

Employee Name (Last, First, Middle Initial) <u>Borman, Curtis S.</u>		Employee Number <u>0643</u>	Social Security Number 
Date First Employed <u>1-7-83</u>	Current Position Title <u>Officer</u>		Current Position Date <u>1-7-88</u>
Department <u>Police</u>	Division <u>Field</u>	Account Number 	

<b>APPOINTMENT</b>  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time/hrs. per week _____ <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary  Effective Date _____ Days to be paid this pay period _____  Address _____ Telephone _____	<b>REACTIVATION</b>  <input type="checkbox"/> Re-employment <input type="checkbox"/> From W/C <input type="checkbox"/> From Disability <input type="checkbox"/> From Lv. w/o Pay <input type="checkbox"/> From Suspension (if overlaps pay periods)  Effective Date _____	<b>SEPARATION/INACTIVATION</b>  <input type="checkbox"/> Resignation <input checked="" type="checkbox"/> Onto W/C <input type="checkbox"/> Retirement <input type="checkbox"/> Onto Disability <input type="checkbox"/> Disability <input type="checkbox"/> Onto Lv. w/o Pay <input type="checkbox"/> Dismissal <input type="checkbox"/> Onto Suspension <input type="checkbox"/> Death <input type="checkbox"/> Onto No Pay  Last Day at Work <u>2-15-94</u> Last Day to be Paid _____ Days to be paid this pay period _____
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**IN-SERVICE CHANGE**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	New Position Title _____
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	New Range and Step _____
<input type="checkbox"/> Title Change	<input type="checkbox"/> Shift/Non-Shift	Effective Date of Change _____

**SALARY CHANGE/STARTING SALARY or PAY ADJUSTMENT**

Present Salary \$ _____	Range and Step _____	Longevity Year _____	Rate \$ _____
Proposed/Starting Salary \$ _____	Range and Step _____		
Other Compensation (type) _____	Amount \$ _____	Start _____	End _____
Effective Date _____	Retroactive to _____		

**REASON OR EXPLANATION CAUSING ACTION** (to be completed in all cases; attach additional sheet if necessary)

Ofr. Borman should be placed on worker's comp status for one day, February 16, 1994, as the result of an on-the-job injury sustained February 15, 1994.

He should be paid 100% of net wages.

Change in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY	CERTIFIED BY
RECOMMENDED BY Department Director	APPROVED BY <u>1228</u> Village Manager

FORM 45: Employers First Report of Injury or Illness

PLEASE TYPE OR PRINT

Filing of this report does not affect your liability under the Workers' Compensation Act and is not incriminatory in any sense.

A	*45	ILLINOIS UNEMPLOYMENT COMPENSATION NUMBER	DATE OF REPORT	FEB 15 94	CASE OR FILE NUMBER	94-3759	
B	EMPLOYER'S NAME SKOKIE POLICE					Is this a lost workday case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	DOING BUSINESS UNDER THE NAME OF VILLAGE OF SKOKIE			CITY, STATE	ZIP CODE		
D	MAIL ADDRESS 5127 OAKTON			CITY, STATE	SKOKIE IL	60077 ZIP CODE	
E	EMPLOYER LOCATION IF DIFFERENT FROM MAIL ADDRESS						
F	NATURE OF BUSINESS OR SERVICE PUBLIC SAFETY		SIC CODE	TOTAL NUMBER OF EMPLOYEES AT THE LOCATION WHERE ILLNESS OR INJURY OCCURRED		1	
G	NAME OF WORKERS' COMP. INSURANCE CARRIER		POLICY NUMBER	SELF INSURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	COUNTY WHERE INJURY OCCURRED COOK		
H	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE) BORMAN, CURTIS SCOTT				SOCIAL SECURITY NUMBER	[REDACTED]	
I	HOME ADDRESS [REDACTED]						
J	MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	WIDOWER <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	
K	DATE AND TIME OF THE INJURY OR EXPOSURE FEB 15 94 0355 a.m.		EMPLOYEE'S AVERAGE WEEKLY EARNINGS	\$	LAST DAY EMPLOYEE WORKED	2 - 15 - 94 MONTH DAY YEAR	
L	JOB TITLE OR OCCUPATION PATROLMAN		DEPARTMENT NORMALLY ASSIGNED	POLICE			
M	ADDRESS OF LOCATION WHERE INJURY OR EXPOSURE OCCURRED 4638 HOWARD			CITY, STATE	SKOKIE, IL	60076 ZIP CODE	
N	DID EMPLOYEE DIE AS A RESULT OF THE INJURY OR ILLNESS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF EMPLOYEE DIED AS A RESULT OF THE INJURY OR ILLNESS, GIVE DATE OF DEATH		MONTH DAY YEAR		
O	WAS THE INJURY OR EXPOSURE ON THE EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THIS INCIDENT RESULT IN: <input checked="" type="checkbox"/> OCCUPATIONAL INJURY <input type="checkbox"/> OCCUPATIONAL DISEASE		Was Employee given Industrial Commission Handbook? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
P	NATURE OF THE INJURY SORENESS, PAIN						
Q	PART OF THE BODY AFFECTED (BE SPECIFIC) NECK						
R	WHAT TASK WAS EMPLOYEE PERFORMING WHEN ILLNESS OR INJURY OCCURRED? POLICE PATROL						
S	OBJECT OR SUBSTANCE RESPONSIBLE FOR INJURY OR ILLNESS (SOURCE) COLLISION WITH TREE						
T	HOW DID ACCIDENT OR ILLNESS OCCUR (TYPE)? TRAFFIC CRASH RESULTING FROM POLICE PURSUIT						
U	WHAT HAZARDOUS CONDITIONS, METHODS OR LACK OF PROTECTIVE DEVICES CONTRIBUTED? WET AND ICY ROADWAY						
V	WHAT UNSAFE ACT BY A PERSON CAUSED OR CONTRIBUTED TO THE INJURY OR ILLNESS? none						
W	HAVE MEDICAL SERVICES BEEN RENDERED TO THE EMPLOYEE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IS OR HAS THE EMPLOYEE BEEN HOSPITALIZED?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
X	NAME AND ADDRESS OF PHYSICIAN [REDACTED]						
Y	NAME AND ADDRESS OF HOSPITAL [REDACTED]						
Z	REPORT PREPARED BY: (NAME - PRINT OR TYPE) SGT AJ KLOCH		SIGNATURE [REDACTED]		TITLE AND TELEPHONE NUMBER [REDACTED]		

ACCIDENT REPORTING DEPT., ILLINOIS INDUSTRIAL COMMISSION, 100 West Randolph Street, Chicago, Illinois 60601

WITHOUT WRITTEN APPROVAL OF COMMISSION, THIS FORM MAY NOT BE REPRODUCED

NOTE: DISCLOSURE OF THIS INFORMATION TO THE INDUSTRIAL COMMISSION IS MANDATORY UNDER IL. REV. STAT. CH. 48, § 138.6. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN PROSECUTION. APPROVED BY FORMS MANAGEMENT.

# SUPERVISOR'S INVESTIGATION REPORT

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find them and name them and to state the remedy for them in this report.

Code		
Company VILLAGE OF SKOKIE	Branch or subsidiary POLICE DEPT	
Location of accident (The name or number of building, store, dept., floor, etc.) 4638 HOWARD ST		Date and hour of accident 15 FEB 94 0354
Name of injured person CURTIS BORMAN	Injured's dept. or division FIELD-WATCH ONE	Injured's job or position PATROL OFFICER

Describe the injury  
NECK PAIN

Describe the accident (State what the injured was doing and the circumstances leading to the accident)  
OFFICER IN PURSUIT OF VIOLATOR WHO WAS DRIVING LEFT SIDE PASSING TRAFFIC, POLICE VEHICLE LOST TRACTION PASSING OVER SLICK, ICY PATCH ON ROADWAY. POLICE VEHICLE THEN SLID INTO LARGE TREE ON PARKWAY.

Unsafe condition (Describe as oily floor, poor light, lack of guards on belts and gears, broken steps, etc.)  
WET, ICY PATCHES ON ROADWAY.

Unsafe act—Unsafe work procedure (Described as removed guard, adjusted moving machine, or a specific item of substandard procedure, lack of planned safety, etc.)  
NONE. HAZARD S OF PURSUIT ON ROADWAY WITH ICY PATCHES. OFFICER WEARING SEAT BELT, AIR BAG ACTIVATED.

Remedy (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident)  
ABOUSH PURSUITS, WHICH IS NOT LIKELY.

Supervisor [Redacted]	Reviewed and approved by [Redacted]	Date report prepared 15 Feb '94
--------------------------	--	------------------------------------

(Use reverse side for sketch and additional detail.)

*Wm*

# VILLAGE OF SKOKIE, ILLINOIS

Office Use Only

## NOTICE OF PERSONNEL CHANGE

### 1. ROUTING

- White Copy (1) Personnel File
- Canary Copy (2) Employee
- Pink Copy (3) Departments
- Gold Copy (4) Payroll Division

Date of Issue: 5 April 1990

2. Employee Number 0643  
Employee Name Borman, Curtis S. Position Officer Class No.

LAST FIRST MIDDLE

4. Department Police 5. Social Security No. [REDACTED] 6. Account No. [REDACTED]

7. Employee Address City Zip Code Telephone

8. APPOINTMENT
- Regular Full-Time
  - Seasonal
  - Part-Time
  - Re-employment
  - Return from Leave
  - Return from Disability
9. SEPARATION
- Resignation
  - Dismissal
  - Retirement
  - Death
  - Leave of Absence without Pay
  - Disability
10. OTHER INTER-SERVICE CHANGES
- Promotion  Transfer
  - Pay Increase  Demotion
  - Other Address & Phone Change
  - Withholding exemptions (include W-4) from \_\_\_\_\_ to \_\_\_\_\_
  - Suspension (Deduct \_\_\_\_\_ days pay) from \_\_\_\_\_ to \_\_\_\_\_ inclusive

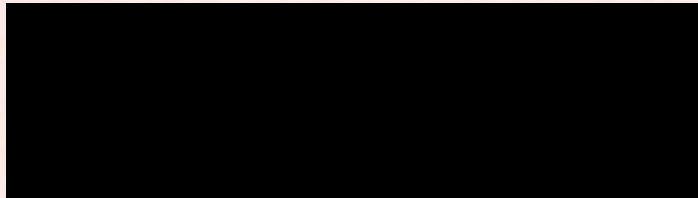
11. APPOINTMENT OR SEPARATION (Start) (End) Salary at: Range and Step Effective Date: Number of days to be paid this Pay period:

12. TITLE CHANGE New Position Title: Class Number: Effective Date:

13. PAY CHANGE From: Step \$ To: Step \$ Effective Date:

14. Reason or Explanation of Action (To be completed in all cases)

New Address and Phone, effective 4-16-90:



Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees

REQUESTED BY [REDACTED]


CERTIFIED BY \_\_\_\_\_ PERSONNEL DIRECTOR

RECOMMENDED BY [REDACTED] DEPARTMENT HEAD


APPROVED BY \_\_\_\_\_ VILLAGE MANAGER



STATE OF ILLINOIS )  
 )  
COUNTY OF C O O K )

The undersigned, Curtis S. Borman, being first  
duly sworn, deposes and says that his legal residence for all  
purposes, is located at 

He further states that this affidavit is being pre-  
sented to the Skokie Board of Fire and Police Commissioners in  
order to establish proof of his compliance with the residency  
requirements as set forth in the Rules and Regulations of the  
Skokie Police Department and Board of Fire and Police Commis-  
sioners.



SUBSCRIBED and sworn to  
before me this 5<sup>th</sup> day  
of April, 1990.

Margaret Quattrocchi  
Notary Public

OFFICIAL SEAL  
MARGARET QUATTROCCHI  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXP. AUG. 31, 1992



# Village of Skokie

## INTER-OFFICE COMMUNICATION

### Message

**TO:** CAPTAIN FOURNIER VIA CHAIN OF COMMAND  
**FROM:** CURT BORMAN, #206  
**DATE:** 21 NOVEMBER 1989  
**SUBJECT:** JURY DUTY ON 29 NOV 89, 0930 HRS.

Please be advised that I received notice to report for jury duty on 29 NOV 89, 0930 hrs., at 5600 Old Orchard Road. I will, therefore, not be able to report for duty as scheduled. Currently, I am working on Watch IV (10A-6P).

SIGNED

#206

Sgt B 11/21/89

### Reply

**FROM:** AT:  
**TO:** AT:  
**DATE:**

*[Handwritten signature]*

SIGNED

Council-Manager Government

Mayor Jacqueline Gorell  
Clerk Marlene Williams  
Trustees Manly R. Croft  
William J. Elliott  
Robert S. Fritzhall  
Frank G. McCabe  
Betty A. Petroski  
George Van Dusen  
Counsel Barbara M Meyer  
Manager Albert J. Rigoni

# Village of Skokie

POLICE DEPARTMENT  
Laramie at Main • Skokie, Ill. 60077 • 982-5900



To: Mr. Gilbert M. Raphael, Chairman  
Skokie Fire & Police Commission

From: William D. Miller, Chief of Police

Date: 4 January 1989

Subject: Completion of Probationary Period  
Officer Curtis S. Borman



Attached is a copy of Officer Curtiss S. Borman's performance evaluation for permanent status.

Based on this evaluation, it is recommended that Officer Borman be retained as a permanent employee.

WDM:EV

Enc.

*Approved  
1/17/88*



An Accredited Agency

# VILLAGE OF SKOKIE, ILLINOIS

Office Use Only

1.

## ROUTING

### NOTICE OF PERSONNEL CHANGE

PERSONNEL FORM IV

**1**

PERSONNEL FILE COPY

- White Copy (1) Personnel File
- Canary Copy (2) Payroll Division
- Pink Copy (3) Department
- Gold Copy (4) Employee

Date of Issue: 28 April 1988

2. Employee Number 0643      3. Position Probationary Officer  
 Employee Name Borman, Curtis Scott      Class No. \_\_\_\_\_

4. Department Police      5. Social Security No. [REDACTED]      6. Account No. [REDACTED]

7. Employee Address \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ Telephone \_\_\_\_\_

8. <b>APPOINTMENT</b> <input type="checkbox"/> <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Re-employment <input type="checkbox"/> Return from Leave <input type="checkbox"/> Return from Disability	9. <b>SEPARATION</b> <input type="checkbox"/> <input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Leave of Absence with Pay <input type="checkbox"/> Leave of Absence without Pay <input type="checkbox"/> Disability	10. <b>OTHER INTER-SERVICE CHANGES</b> <input type="checkbox"/> <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Pay Increase <input type="checkbox"/> Demotion <input checked="" type="checkbox"/> Other <u>Address Change</u> <input type="checkbox"/> Withholding exemptions (include W-4) from _____ to _____ <input type="checkbox"/> Suspension (Deduct _____ days pay) from _____ to _____ Inclusive
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11. **APPOINTMENT OR SEPARATION** (Attach Form W-4 for appointment)  
 (Start) (End) Salary at: Range and Step      Effective Date: \_\_\_\_\_      Number of days to be paid this Pay period: \_\_\_\_\_

12. **TITLE CHANGE**  
 New Position Title: \_\_\_\_\_      Class Number: \_\_\_\_\_      Effective Date: \_\_\_\_\_

13. **PAY CHANGE**  
 From: Step \_\_\_\_\_ \$ \_\_\_\_\_ To: Step \_\_\_\_\_ \$ \_\_\_\_\_      Effective Date: \_\_\_\_\_

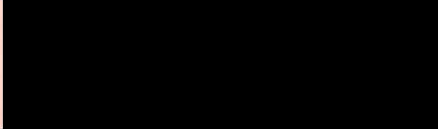
14. **EMPLOYEE GROUP INSURANCE** (New Card must accompany change)  
 None       Single       Family      Date of First Deduction: \_\_\_\_\_      Amount: \_\_\_\_\_

15. Accidental Death and Dismemberment      No       Yes       Date of First Deduction \_\_\_\_\_      Amount: \_\_\_\_\_

16. United States Saving Bonds      Yes       No       Date of First Deduction \_\_\_\_\_      Amount: \_\_\_\_\_

17. Reason or Explanation of Action (To be completed in all cases)

Effective 5-1-88 please change address and phone as follows:



Change is in accordance with State Statute, Classification and Pay Plans, and Rules and Policies governing Village Employees.

REQUESTED BY \_\_\_\_\_  
 RECOMMENDED BY \_\_\_\_\_  
 DEPARTMENT HEAD

CERTIFIED BY \_\_\_\_\_  
 PERSONNEL OFFICER

APPROVED BY \_\_\_\_\_  
 VILLAGE MANAGER

STATE OF ILLINOIS )  
 )  
COUNTY OF C O O K )

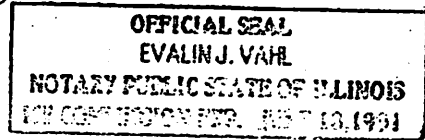
The undersigned, Curtis Scott Borman, being first  
duly sworn, deposes and says that his legal residence for all  
purposes, is located at [REDACTED]

He further states that this affidavit is being pre-  
sented to the Skokie Board of Fire and Police Commissioners in  
order to establish proof of his compliance with the residency  
requirements as set forth in the Rules and Regulations of the  
Skokie Police Department and Board of Fire and Police Commis-  
sioners.

[REDACTED]

SUBSCRIBED and sworn to  
before me this 6<sup>th</sup> day  
of May, 1988.

Evalin J. Vahl  
Notary Public



FORM 45: Employers First Report of Injury or Illness

PLEASE TYPE OR PRINT

Filing of this report does not affect your liability under the Workers' Compensation Act and is not incriminatory in any sense.

A	*45	ILLINOIS UNEMPLOYMENT COMPENSATION NUMBER	DATE OF REPORT	MAR 23 88	CASE OR FILE NUMBER	
B	EMPLOYER'S NAME VILLAGE OF SKOKIE					Is this a lost workday case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C	DOING BUSINESS UNDER THE NAME OF SKOKIE POLICE DEPT.		CITY, STATE SKOKIE, IL		ZIP CODE 60077	
D	MAIL ADDRESS LARAMIE AT MAIN		CITY, STATE SKOKIE, IL		ZIP CODE 60077	
E	EMPLOYER LOCATION IF DIFFERENT FROM MAIL ADDRESS 1300 W. JACKSON BLVD. - CHICAGO POLICE ACADEMY					
F	NATURE OF BUSINESS OR SERVICE POLICE DEPT.		SIC CODE	TOTAL NUMBER OF EMPLOYEES AT THE LOCATION WHERE ILLNESS OR INJURY OCCURRED 35		
G	NAME OF WORKERS' COMP. INSURANCE CARRIER		POLICY NUMBER	SELF INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>	COUNTY WHERE INJURY OCCURRED COOK	
H	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE) BORMAN, CURTIS				SOCIAL SECURITY NUMBER	[REDACTED]
I	HOME ADDRESS [REDACTED]					
J	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED <input type="checkbox"/>	NUMBER OF DEPENDENT CHILDREN			[REDACTED]
K	DATE AND TIME OF THE INJURY OR EXPOSURE MAR 21 1988 2:00 P.M.	EMPLOYEE'S AVERAGE WEEKLY EARNINGS	LAST DAY EMPLOYEE WORKED D N A		MONTH DAY YEAR [REDACTED]	
L	JOB TITLE OR OCCUPATION PROBATIONARY PATROL OFFICER	DEPARTMENT NORMALLY ASSIGNED	POLICE ACADEMY			
M	ADDRESS OF LOCATION WHERE INJURY OR EXPOSURE OCCURRED 1300 W JACKSON BLVD.		CITY, STATE CHICAGO, IL		ZIP CODE 60007	
N	DID EMPLOYEE DIE AS A RESULT OF THE INJURY OR ILLNESS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF EMPLOYEE DIED AS A RESULT OF THE INJURY OR ILLNESS, GIVE DATE OF DEATH		MONTH DAY YEAR D N A	
O	WAS THE INJURY OR EXPOSURE ON THE EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID THIS INCIDENT RESULT IN: <input checked="" type="checkbox"/> OCCUPATIONAL INJURY <input type="checkbox"/> OCCUPATIONAL DISEASE		Was Employee given Industrial Commission Handbook? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
P	NATURE OF THE INJURY LACERATION TO RIGHT CHEST					
Q	PART OF THE BODY AFFECTED (BE SPECIFIC) UPPER PORTION OF RIGHT CHEST					
R	WHAT TASK WAS EMPLOYEE PERFORMING WHEN ILLNESS OR INJURY OCCURRED? PARTICIPATING IN VEHICLE OCCUPANT CONTROL SCENARIO.					
S	OBJECT OR SUBSTANCE RESPONSIBLE FOR INJURY OR ILLNESS (SOURCE) .38 REVOLVER & BLANK CARTRIDGE					
T	HOW DID ACCIDENT OR ILLNESS OCCUR (TYPE)? FIRED BLANK REVOLVER CARTRIDGE AT					
U	WHAT HAZARDOUS CONDITIONS, METHODS OR LACK OF PROTECTIVE DEVICES CONTRIBUTED? NO PLUG IN BARREL OF OFCR. BORMAN TRAINING REVOLVER					
V	WHAT UNSAFE ACT BY A PERSON CAUSED OR CONTRIBUTED TO THE INJURY OR ILLNESS? C.P.D. INSTRUCTOR'S LACK OF KNOWLEDGE					
W	HAVE MEDICAL SERVICES BEEN RENDERED TO THE EMPLOYEE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OTHER THAN EMPLOYEE BEEN HOSPITALIZED?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
X	NAME AND ADDRESS OF PHYSICIAN PHYSICIAN ON DUTY		1653 W. CONGRESS		CHICAGO 60612	
Y	NAME AND ADDRESS OF HOSPITAL [REDACTED]		[REDACTED]		[REDACTED]	
Z	REPORT PREPARED BY: (NAME - PRINT OR TYPE) SGT. RUSSELL VAN		SIGNATURE [REDACTED]		TITLE AND TELEPHONE NUMBER TRA	

ACCIDENT REPORTING DEPT., ILLINOIS INDUSTRIAL COMMISSION, 100 West Randolph Street, Chicago, Illinois 60601

WITHOUT WRITTEN APPROVAL OF COMMISSION, THIS FORM MAY NOT BE REPRODUCED

NOTE: DISCLOSURE OF THIS INFORMATION TO THE INDUSTRIAL COMMISSION IS MANDATORY UNDER IL. REV. STAT. CH. 48, § 138.6. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN PROSECUTION. APPROVED BY FORMS MANAGEMENT.

# SUPERVISOR'S INVESTIGATION REPORT

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find them and name them and to state the remedy for them in this report.

Code	
Company VILLAGE OF SKOKIE	Branch or subsidiary POLICE DEPT.
Location of accident (The name or number of building, store, dept., floor, etc.) 1300 W. JACKSON - CHICAGO (WEST PARKING LOT)	Date and hour of accident 21 MARCH 1988 2 P.M.
Name of injured person BORMAN, CURTIS	Injured's dept. or division ADMINISTRATIVE POLICE ACADEMY
	Injured's job or position PROBATIONARY PATROL OFFICER

Describe the injury

LACERATION TO RIGHT CHEST

Describe the accident (State what the injured was doing and the circumstances leading to the accident)

WHILE PARTICIPATING IN A VEHICLE & OCCUPANT CONTROL SCENARIO, POLICE ACADEMY INSTRUCTOR HODGE, MARY FIRED A BLANK .38 CARTRIDGE AT OFCR. BORMAN'S CHEST.

Unsafe condition (Describe as oily floor, poor light, lack of guards on belts and gears, broken steps, etc.)

BARREL OF REVOLVER UTILIZED IN TRAINING WAS NOT PLUGGED.

Unsafe act—Unsafe work procedure (Described as removed guard, adjusted moving machine, or a specific item of substandard procedure, lack of planned safety, etc.)

INSTRUCTOR HODGE, MARY FAILED TO EXERCISE DUE CARE. NO EXCUSE MAY BE MADE FOR SUCH A CARELESS ACT.

Remedy (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident)

A COMPLAINT REGARDING THIS INCIDENT WAS MADE TO THE CHICAGO POLICE ACADEMY.

Supervisor Det. Russell E. Van	Reviewed and approved by Capt. [Signature]	Date report prepared 23 MARCH 1988
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(Use reverse side for sketch and additional detail.)

**INJURY ON DUTY REPORT/CHICAGO POLICE**

INSTRUCTIONS: This report is to be completed even if the injury does not require immediate medical treatment. The injured member must report in person to the Medical Services Section within 24 hours of the injury with his copy of this report, if physically able to do so.

DATE TODAY (DAY-MONTH-YEAR)

21 Mar 88

SKOKIE P.D.  
88-100A

NAME OF INJURED (LAST - FIRST - M.I.) <b>BORMAN, CURTIS</b>		STAR NO. <b>206</b>	EMPLOYEE NO. <b>0643</b>	AGE <b>M/ 23</b>	<input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE	NO. OF CHILDREN UNDER 18 YEARS <b>None</b>
HOME ADDRESS [REDACTED]		PHONE NO.	UNIT - ASSIGNMENT <b>DNA</b>	UNIT DETAILED TO <b>C.P.D.</b>	BEAT/POST NO. <b>DNA</b>	

DATE AND TIME OF INJURY (BE EXACT) <b>21 Mar 88 1400</b>	DUTY HOURS ON DATE OF INJURY (INCLUDING OVERTIME) HRS. FROM <b>0745</b> TO <b>1550</b>	DID MEMBER REMAIN ON DUTY AFTER INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE PLACED ON MEDICAL DAY MONTH YEAR <b>DNA</b>	SOCIAL SECURITY NO. [REDACTED]
---	---	--	--	-----------------------------------

ADDRESS WHERE INJURY OCCURRED  
**1300 W. Jackson (West Parking Lot)** STREET RESIDENCE TAVERN RESTAURANT OTHER BUS. EST.  OTHER

DESCRIBE IN DETAIL ANY APPARENT INJURY(IES) OR COMPLAINT(S), NAMING ALL PARTS OF THE BODY AFFECTED. (WHEN POSSIBLE, OBTAIN THIS DESCRIPTION FROM THE PERSON ATTENDING THE INJURED)  
**Acute crest wall trauma.**

DESCRIBE IN DETAIL HOW THE INJURY OCCURRED, INVESTIGATE CONDITIONS UNDER WHICH THE INJURY OCCURRED, MAKING A CAREFUL INSPECTION OF THE SITE OF THE INCIDENT AND ANY MECHANICAL DEVICE WHICH CONTRIBUTED TO THE INJURY(IES), AND CLEARLY EXPLAIN THE RESULTS BELOW.

**WHILE PARTICIPATING IN THE VEHICAL & OCCUPANT CONTROL SCENARIO, RECRUIT WAS ACCIDENTLY STRUCK IN THE RIGHT UPPER CHEST AREA BY THE PAPER WADDING OF A BLANK CARTRIDGE, CAUSING SWELLING AND A SLIGHT LACERATION. C.P.D. AMBULANCE #28 RESPONDED TO THE CALL, TAKING RECRUIT FOR IMMEDIATE MEDICAL ATTENTION.**

EXPLAIN ANY DELAY IN REPORTING AND/OR TREATING INJURY.

RELATED R.D. AND/OR C.B. NUMBER(S) (ATTACH COPY IF AVAILABLE)	LIST AND ATTACH COPY OF ANY OTHER RELATED REPORT (E.G. ANIMAL BITE AND MISC. INCID. EXCEPT REPORTS, TRAFFIC CITATION, RADIO DISPATCH CARD, ETC.)
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THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE RECORDED FACTS PERTINENT TO THE INJURY SUSTAINED BY THE ABOVE NAMED INJURED ARE TRUE AND CORRECT.

SIGNATURE OF WITNESS	ADDRESS
SIGNATURE OF WITNESS	ADDRESS

NAMES AND STAR NUMBERS OF OTHER MEMBERS INJURED

DATE OF INITIAL TREATMENT DAY MONTH YEAR <b>21 Mar 88</b>	NAME OF HOSPITAL <b>Rush-Tres. St. Lukes</b>	ATTENDING PHYSICIAN - NAME <b>Emergency Room</b>	PHYSICIAN'S ADDRESS <b>Chicago, Ill.</b>
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CHECK ONE BOX BELOW  
I HEREBY CERTIFY THAT I HAVE INVESTIGATED THE INCIDENT DESCRIBED ABOVE.  
I RECOMMEND:  THAT THIS BE CONSIDERED AN INJURY IN THE PERFORMANCE OF DUTY.  
 THAT THIS NOT BE CONSIDERED AN INJURY IN THE PERFORMANCE OF DUTY.  
 I AM UNCERTAIN AS TO WHETHER THIS INJURY OCCURRED IN THE PERFORMANCE OF DUTY

SIGNATURE OF PERSON PREPARING REPORT \*STAR NO.  
**Sgt. Jesse Resendez #2221**

I hereby certify that the information given above is correct and that these injuries were sustained in the performance of duty. I hereby agree that in consideration of the payment by the City of Chicago of any medical and or hospital expenses incurred as a result of the above injuries, I will:

- NOTIFY THE PERSONNEL DIVISION as to the name and address of any attorneys I may retain for the purpose of prosecuting a claim on my behalf because of said injuries.
- REIMBURSE THE CITY OF CHICAGO in full for any sums which it has or may expend on my behalf for said medical and/or hospital expenses from any recovery which I have or may effect from the person or party whom it is claimed is responsible for my injuries.

IF INJURED MEMBER IS UNABLE TO SIGN, RECORD THIS IN SIGNATURE BLOCK.	SIGNATURE OF INJURED MEMBER	DATE (DAY-MONTH-YEAR)
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I HEREBY CERTIFY THAT AS A RESULT OF THE INVESTIGATION DESCRIBED ABOVE: I AM SATISFIED THAT THE INJURY DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY AND RECOMMEND PAYMENT OF VALID ATTENDANT BILLS BY THE CITY OF CHICAGO. I AM NOT SATISFIED THAT THE INJURY DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY

SIGNATURE OF UNIT COMMANDER OF EXEMPT RANK	UNIT	DATE (DAY-MONTH-YEAR)
--	------	-----------------------

CREDITOR'S NAME - BILLS ATTACHED	FOR THE SUPERINTENDENT: ACCOUNT NO. REMARKS	DATE OF BILL	AMOUNT
			\$

I HEREBY CERTIFY THAT THE CHARGES MADE FOR SERVICES AS SHOWN ABOVE AND ON THE ATTACHED BILLS ARE REASONABLE

SIGNATURE - CHIEF SURGEON	DATE	REMARKS	DATE RETURNED TO DUTY	FILE NUMBER
APPROVED - DIRECTOR OF PERSONNEL				

PART 1 - SUPERVISOR OR PATROL SERGEANT  
PART 2 - INJURED MEMBER  
PART 3 - COMMANDER  
PART 4 - PERSONNEL DIVISION



BORNAS, CURTIS



EMERGENCY SERVICES PATIENT COPY (1)

DATE 2/14/22	TIME IN 12:00	AM PM	TIME OUT	AM PM	HOSPITAL NUMBER
BIRTHDATE	AGE 23	SEX M	RACE W	MARITAL STATUS M	ADMITTED YES NO
TRANSPORTATION <input type="checkbox"/> WALK <input type="checkbox"/> CARRY <input type="checkbox"/> W/C <input type="checkbox"/> DOA			CLERK		
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> CPD			<input type="checkbox"/> CPD		

PATIENT NAME (LAST) (FIRST) MIDDLE PRIMARY CARE

ADDRESS STATE ZIP CODE PHONE NUMBER (PATIENT)

NEXT OF KIN ADDRESS PHONE NUMBER (NEXT OF KIN)

EMPLOYER NAME ADDRESS PHONE NUMBER (EMPLOYER)

INSURANCE TYPE  OTHER  BC/BS  ANCHOR  MED  PA  SELF-PAY SOCIAL SECURITY NUMBER POLICE INVESTIGATION  YES  NO POLICE #

CC: Short to chest & left arm & right side while in police station

MEDS: Nitro

ALLERGIES: Dexam... LMP LAST TEST: 1/28/20

T 97 P= 88 R= 124 B/P= 124 WT: CONDITION ON ARRIVAL  EMER-GENT  UN STABLE URGENT  STABLE URGENT  NON-URGENT SIGNATURE: [Signature]

TIME	LABORATORY TESTS	MEDICAL ORDERS	OLD RECORDS	MD	TIME	RN
	<input type="checkbox"/> ABG #1 <input type="checkbox"/> #2 <input type="checkbox"/> X-RAY					
	<input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5					
	<input type="checkbox"/> CBC <input type="checkbox"/> DIFF					
	<input type="checkbox"/> PLATELET					
	<input type="checkbox"/> SICKLE CELL					
	<input type="checkbox"/> RETICULOCYTE					
	<input type="checkbox"/> PROTIME <input type="checkbox"/> PT					
	<input type="checkbox"/> TYPE & CROSS MATCH <input type="checkbox"/> CULTURES					
	<input type="checkbox"/> U/A <input type="checkbox"/> GRAV.					
	<input type="checkbox"/> SMA					
	<input type="checkbox"/> LDH <input type="checkbox"/> CPK					
	<input type="checkbox"/> SGOT <input type="checkbox"/> SGPT					
	<input type="checkbox"/> ISOENZYMES					
	<input type="checkbox"/> EKG					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

DIAGNOSIS: Acute Chest Wall Trauma

DISPOSITION:  HOME  ADMITTED TO BED  SERVICE  TRANSFERRED TO

CONDITION ON DISCHARGE:  CRITICAL  FAIR  GOOD  REPORT CALLED TO

MEDICATIONS: Tylenol as needed for pain

FOLLOW UP: Cont. A Clinic 666-0028

SPECIAL INSTRUCTIONS: [Signature]

INSTRUCTIONS HAVE BEEN GIVEN: 4/3/22 TIME & DATE SIGNATURE OF PHYSICIAN AND/OR NURSE TIME OFF WORK/SCHOOL

NO. 3787 (ADULT) 1/88 M/R FORM

TO: DIRECTOR OF TRAINING  
FROM: P.P.O. Curtis BORMAN, #206, 88-100A  
SUBJECT: Injury on Duty

1. The purpose of this report is to summarize the circumstances that led to the reporting officer's injury on 21 MARCH 1988, and to explain the events that subsequently took place. The incident occurred during a "Vehicle Stops/Occupant Control" class, conducted by Sergeant RESENDEZ, at approximately 1345 hours.

2. The reporting officer, while taking part in a street scenario, was riding in a patrol car driven by P.P.O. Diana MURPHY, a recruit, when he responded to a call of a suspicious vehicle with occupants. Upon his arrival, he observed P.O. Mary HODGE, an instructor, exit the vehicle and run toward him. As he approached her, she drew a revolver and fired a blank cartridge at him from less than an arm's length away.

3. The wadding penetrated a heavy nylon-down coat, a Skokie Police uniform shirt, and an undershirt, before striking the reporting officer on the upper-right side of the chest. The impact produced a laceration of about the circumference of a .38 caliber round.

4. Sergeant RESENDEZ cleansed the wound with alcohol and applied an ice pack. Chicago Fire Department paramedics attached a bandage to control the bleeding and transported the officer to [REDACTED]. An emergency room physician examined the wound, determined that no fragments were embedded in the skin, and applied a dressing before clearing the officer to return to duty. Chicago police officers returned the reporting officer to the training center at approximately 1630 hours.

P.P.O. Curtis Borman, #206

APPROVED:

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6101 N. Sheridan Road  
East Point #14-C  
Chicago, Illinois 60660  
January 1, 1988

Mr. William D. Miller  
Chief of Police  
Village of Skokie  
Police Department  
Laramie at Main  
Skokie, Illinois 60077

Dear Chief Miller:

Thank you very much for authorizing my selection as a Skokie Police Officer. I greatly appreciate the opportunity to serve the Village in such an important capacity, and am thrilled to join a police department with such a professional reputation.

I look forward to meeting you in the very near future in order to thank you in person, and also so that we may become better acquainted.

Sincerely,

  
Curtis Borman

*P. Borman*

Council-Manager Government

Mayor Albert J. Smith  
Clerk Marlene Williams  
Trustees Manly R. Croft  
William J. Elliott  
Robert S. Fritzshall  
Jackie Gorell  
Frank G. McCabe  
George Van Dusen  
Counsel Harvey Schwartz  
Manager Albert J. Rigoni

# Village of Skokie

P.O. Box 309 • 5127 Oakton St. • Skokie, Ill. 60077 • (312) 673-0500



December 22, 1987

Mr. Curtis S. Borman

Dear Mr. Borman:

It is my pleasure to inform you that the Skokie Board of Fire and Police Commissioners has approved your appointment to the Skokie Police Department. A brief swearing-in ceremony has been scheduled for 8:00 p.m. on Monday, January 18, 1988 at Skokie Village Hall, 5127 W. Oakton Street, at the Village Board Meeting. Members of your family are invited to attend.

You are to report for active duty on January 7, 1988 at 8:30 a.m. at the Police Station located at Main at Laramie. Ask for Sergeant Van in the Administrative Office. Prior to that time, please contact him regarding uniforms.

Please sign the attached statements and return to my office as soon as possible.

Congratulations and welcome to the Village of Skokie.

Sincerely,

VILLAGE OF SKOKIE

Gregory F. Ford  
Secretary, Fire & Police Commission

GFF:jmk

Attachments

cc: Chief William D. Miller  
Skokie Board of Fire & Police Commission

**FACTOR D: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

8	Sets good example by demonstrating courtesy to others.
7	Valid complaints are not received from citizens.
8	Problems between citizens and employees are identified and corrective action taken.
8	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Maintains a professional demeanor when dealing with citizens and resolves problems between citizens and officers according to departmental guidelines.

**FACTOR E: DEVELOPMENT, APPLICATION, ENFORCEMENT OF POLICIES, PROCEDURES, AND WORK RULES.****Performance Criteria:**

7	Village and Departmental policies are documented, communicated and kept available to affected personnel.
8	Employees are monitored to assure compliance with policies, procedures, and work rules.
8	Violation of policies, procedures and work rules are identified and timely corrective action is taken.
7	Few and only minor substantiated grievances occur and decisions made at the second step of the grievance procedure are normally upheld.
6	Actions taken which deviate from policies, procedures, and work rules are cleared in advance with appropriate Supervisor.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Enforces Policy/Procedures and Rules/Regulations in an even and fair manner.

**FACTOR F: PREPARATION AND PRESENTATION OF REPORTS AND REQUIRED INFORMATION.****Performance Criteria:**

9	Written reports are clear, concise, and rarely contain errors.
8	Information in reports is complete, accurate and submitted in prescribed format at agreed upon time.
8	Oral reports are communicated in clear, civil, and accurate manner.
8	Incomplete, inaccurate reports from employees are returned for correction or completion.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. His quarterly evaluations of the officers assigned to him are thorough. They are used to cover both the officer's strong points and deficiencies.

**FACTOR G: INVESTIGATION OF CRIMINAL ACTIVITY.****Performance Criteria:**

7	Supervises investigative procedures as needed.
7	Conclusions are factually based and documented.
8	Reviews and monitors case files.
N/A	No valid complaints regarding investigations are registered by superior Officers or prosecuting attorneys.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Reviews case files to ensure that they are complete and correct.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH SUBORDINATES AND OTHER SUPERVISORY PERSONNEL.****Performance Criteria:**

7	Valid complaints are not received from co-workers.
6	Problems in work relationships are resolved.
8	Provides positive support for subordinates and Supervisors as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Maintains a professional working relationship with his co-workers.

**FACTOR I: OPERATION, MAINTENANCE AND CARE OF ASSIGNED EQUIPMENT.****Performance Criteria:**

8	Operating and safety procedures are followed in the use and maintenance of equipment.
8	Prescribed operator maintenance is performed on schedule.
8	Equipment is not lost or damaged through carelessness.
8	Wear, malfunctions, damages and improper care of equipment are identified and corrective action taken.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Maintains assigned department equipment in good working condition.

**FACTOR J: CONFORMANCE TO DEPARTMENTAL POLICIES, REGULARITY OF ATTENDANCE.****Performance Criteria:**

8	Policies, rules and regulations are followed.
9	Appearance meets Departmental specifications.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
7	Supervisor is given proper notice in advance of absences. No noted abuse of sick or emergency leave.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Follows policy and procedure. Reports to work on time, always presents a professional image, and sets an example for the officers assigned to his unit.

**FACTOR K: APPLICATION, ENFORCEMENT OF VILLAGE AND DEPARTMENTAL POLICIES, RULES AND REGULATIONS.****Performance Criteria:**

8	Sets good example by adhering to policies and procedures.
7	Policies, procedures, and written directives are explained to employees.
8	Violations or misconduct are identified and timely corrective action taken.
8	Supervisor's reports accurately describe infractions.
7	Employees meet appearance requirements
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Expects compliance to policy and procedures from the officers assigned to his unit and takes timely and proper corrective action where needed.

**FACTOR L: ASSIGNMENT, SCHEDULING, TRAINING AND SUPERVISION OF ASSIGNED PERSONNEL.****Performance Criteria:**

7	Few and only minor misunderstandings in assignments occur.
8	Assignments and schedules correspond to Departmental needs.
8	Information on performance is provided to subordinates. Reports are issued to superior in an objective and timely manner.
7	On-the-job training needs are identified and efforts made to provide them.
8	Performance of employees is satisfactory or corrective measures taken.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officers are given clear instruction as to their assignment, and appropriate corrective action is taken.

**FACTOR M: ASSIGNMENT AND SUPERVISOR OF SUBORDINATE PERSONNEL.****Performance Criteria:**

8	Assignments are made in a fair and impartial manner.
8	Subordinates understand instructions and job assignments with few and only minor misunderstandings.
7	Problems or deviations arising in established plans, schedules and work activities are confronted promptly and appropriate action is taken.
8	Desired results (quantity and quality of work expected from Unit(s) are explained and accomplished through Unit personnel.
8	Superior is provided periodic information on subordinate's performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Officers assigned to him are given fair and reasonable goals and are expected to meet them.

**FACTOR N: COMPLIANCE WITH BUDGETS AND EXPENDITURE CONTROLS.****Performance Criteria:**

D	Budget recommendations are based on substantiated needs.
	Budget recommendations are justified and submitted at agreed upon time.
N	Expenditures are documented and in line with established needs and budget limitations.
A	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

**FACTOR O: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

	None

Cite examples of past performance to support your evaluation. \_\_\_\_\_

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
X	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

**Recommendation:**  Salary Increase  Retain in Present Pay Step  
 Retain in F+ Step  Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 5/23/97

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 5/23/97 I request addition review   
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 5/23/97



VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM

**POLICE LIEUTENANT/SERGEANT**

BORMAN, CURTIS 19 June 1997 Field/Patrol  
 EMPLOYEE NAME INGRADE PROGRESSION DATE DIVISION/SECTION  
 22 May 1997 7 January 1988 Lt. R. Garcia  
 EVALUATION DATE EMPLOYMENT DATE SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review  Probationary Employee 2nd Review for Permanent Status & Ingrade Progression  Permanent Employee Annual Review  Other (Please Specify) \_\_\_\_\_

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.

**EVALUATION SCALE**



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: COMMITMENT TO DEPARTMENTAL GOALS AND APPLICATION OF LEADERSHIP SKILLS.**

**Performance Criteria:**

7	Takes an active role in goal setting and project planning of the Department.
7	Departmental needs, plans and goals are communicated to subordinates.
7	Subordinates are properly directed and encouraged to participate in the planning of projects and setting of work objectives.
8	Plans, projects and work objectives are consistent with Departmental needs, goals, and resources.
7	Subordinates and other Supervisors are encouraged to excel through the positive, professional attitude and action of this Supervisor.
7	Innovative ideas are encouraged and advanced from employees in solving problems and improving the effectiveness of the Unit.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Sgt. Borman supports the department goals. To assist the officers in attaining these goals, he developed and maintains/updates a status board reflecting ongoing activities by zone.

**FACTOR B: DIRECTION OF PERSONNEL ACTIVITIES UNDER EMERGENCY, UNUSUAL OR STRESSFUL CONDITIONS.**

**Performance Criteria:**

8	Supervisor is present as appropriate.
7	Situation is correctly analyzed and appropriate actions taken.
8	Available resources are properly deployed.
7	Assistance is requested as situation dictates.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. He was commended for his actions (available officers were properly deployed) in the apprehension of an offender in an armed robbery.

**FACTOR C: SELECTION, SUPERVISION AND EVALUATION OF SUBORDINATE PERSONNEL.**

**Performance Criteria:**

6	Factual, meaningful, fair, performance evaluations are prepared for employees.
8	Poor performance is improved or corrective action is taken.
7	Training is either provided or recommended where necessary to correct deficiencies or improve performance.
8	Personnel/performance problems are normally resolved without referral to a higher level.
8	Performance level of assigned Unit meets Departmental expectation.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Monitors subordinates' reports, takes corrective action when needed, works with new officers to improve their report writing skills.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

7	All appropriate witnesses are interviewed. Field interview contacts are conducted.
7	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
8	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
7	Evidence is properly preserved, collected, and thoroughly described.
7	Statements are taken. Crime scenes and accidents are properly diagrammed.
7	Evidence Technicians or other Divisions or agencies are properly notified as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman has continually built upon recruit training knowledge to attain a very workable understanding of the IVC and Criminal Code. Field Interviews are routinely conducted and those of substance are recorded on the Department F.I. form.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman has made it his business to learn the booking procedure and to be as self-sufficient in this task as possible. He provides arrestees with the fullest extent of their rights after the arrest.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Uses vest and assists with traffic without being instructed to do so. Citations issued are always above the average and usually among the leaders, e.g. six month total - 90 arrests resulting in 147 citations.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

7	No serious deviation from expected performance is demonstrated under unusual circumstances.
7	Demonstrates ability to take command of emergency situations.
7	Composure is maintained under stress.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. This is a difficult category to measure; We seldom have truly critical situations requiring extraordinary control. However, I have noted that Ofcr. Borman does not get over-agitated with reluctant witnesses nor does he lose control of his radio descriptions of in-progress calls.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

7	Positively relates to people and needs. Does not antagonize or insult citizens.
7	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
7	Anger and verbal abuse from citizens do not adversely affect performance.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Concern for competency in handling his assignments has had the mutual benefit of demonstrating a responsiveness to community problems. Patience and politeness have been attributes that serve him well.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

7	Coordinates and supports other work Units and Departments.
8	Personal relationships with co-workers do not impair work.
8	Readily assists/backs other Officers.
7	Trains and guides less experienced Officers.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Provides timely and adequate assistance to other officers.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.****Performance Criteria:**

7	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
6	Reports are submitted on a timely basis.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. The strength of Ofcr. Borman's reports is based on careful information gathering. As pointed out by our Watch Commander you must learn to weigh your desire to make every report as complete as possible with the time limitations and manpower concerns of the Watch.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.****Performance Criteria:**

7	Officer displays care and concern for Department equipment and buildings.
7	Vehicles are not abused through poor driving habits.
7	Weapons are clean and serviceable.
7	Automobiles are returned clean (interior) and serviced for the next Watch.
7	Equipment wear, malfunctions, damages are identified and reported.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. No problems associated with these criteria.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.****Performance Criteria:**

6	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman never has trouble making good use of unassigned patrol time. Close supervision has not been necessary because he works hard and seeks advice when confronted with unusual or uncharted territory.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.****Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
9	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. I cannot do any better than quote "His appearance and the quality of his work reflect an obvious pride in himself and a desire to do the best job possible".

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

FACTOR C: Investigation of Crimes and Traffic. Ofcr. Borman has consistently demonstrated the desire to prepare thoroughly for each day's assignment and to doggedly pursue criminal activity if uncovered. Traffic stops and suspicious person checks have led to arrests for other offenses. He often will remember wanted information several weeks after its dissemination and long after most of us have forgotten about it.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
X	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

None Noted.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Officer Borman is a definite asset to this Police Department. He is a good candidate for any specialized training because he'll do his best to apply the new knowledge and skills to the benefit of our Department.

**Recommendation:**  Salary Increase  Retain in Present Pay Step  
 Retain in F+ Step  Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 12/19/91

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 12-21-91  I request addition review  
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 21 Dec 91



VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM

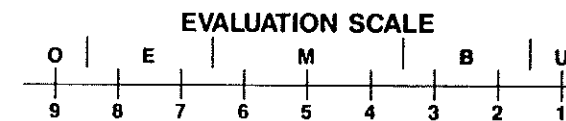
**POLICE PATROL OFFICER**

BORMAN, CURTIS S. 7 January 1991 Field/Watch III  
 EMPLOYEE NAME INGRADE PROGRESSION DATE DIVISION/SECTION  
 16 December 1991 7 January 1988 Sgt. J. E. Dahlman  
 EVALUATION DATE EMPLOYMENT DATE SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review  Probationary Employee 2nd Review for Permanent Status & Ingrade Progression  Permanent Employee Annual Review  Other (Please Specify)

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

6	Works with Supervisors and others in planning and building an effective team.
8	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
7	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
7	New and additional assignments are accepted and performed.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. One of the few officers who develops a definite plan for the patrol of his assigned area, taking into consideration the past problems and current activity of that area. Notes are maintained and investigative aids, e.g. Identi-Kits are utilized.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Response to radio assignments is made without delay. Radio "voice" is clear and transmissions are easily understood. Assistance is freely given and adequate to the circumstances.



**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

8	All appropriate witnesses are interviewed. Field interview contacts are conducted.
7	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
8	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
7	Evidence is properly preserved, collected, and thoroughly described.
7	Statements are taken. Crime scenes and accidents are properly diagrammed.
7	Evidence Technicians or other Divisions or agencies are properly notified as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. His accident and other investigative reports are evidence that he is more than a report taker.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Minimum force is used to effect an arrest.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Ofcr. Borman writes quality citations and multiples. There is no evidence of piling on. Citations are complete.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

7	No serious deviation from expected performance is demonstrated under unusual circumstances.
7	Demonstrates ability to take command of emergency situations.
8	Composure is maintained under stress.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Maintains composure with reluctant/abrasive arrestees and contacts.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

7	Positively relates to people and needs. Does not antagonize or insult citizens.
7	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
8	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Very courteous in both positive and negative situations (arrest-domestic-enforcement).

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

7	Coordinates and supports other work Units and Departments.
8	Personal relationships with co-workers do not impair work.
8	Readily assists/backups other Officers.
7	Trains and guides less experienced Officers.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Volunteers to back/assist other officers. Gets along well with co-workers and Supervisors.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.****Performance Criteria:**

7	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
7	Reports are submitted on a timely basis.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Reports are legible, concise and understandable.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.****Performance Criteria:**

7	Officer displays care and concern for Department equipment and buildings.
8	Vehicles are not abused through poor driving habits.
8	Weapons are clean and serviceable.
7	Automobiles are returned clean (interior) and serviced for the next Watch.
7	Equipment wear, malfunctions, damages are identified and reported.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. One of our more careful drivers. Assigned vehicle is clean and well maintained.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.****Performance Criteria:**

7	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Keeps Supervisor informed when working on lengthy or unusual cases. Identifies with Watch objectives.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.****Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
8	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Appearance is at the top of the Department.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

Positive attitude. Professional demeanor. Willingly accepts special assignments. One of our best officers when it comes to being productive with unassigned time.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
X	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

No deficiencies noted.

Officer Borman's Police & Procedure manual was inspected and it is current.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Officer Borman is enrolled in law school and wishes no additional training at this time.

**Recommendation:**  Salary Increase  Retain in Present Pay Step  
 Retain in F+ Step  Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 21 Dec 92

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 12/22/92  I request addition review  
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 22 Dec 92



VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM

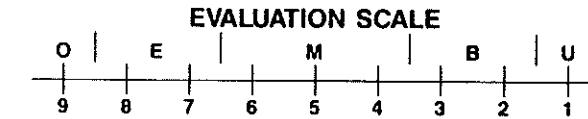
**POLICE PATROL OFFICER**

BORMAN, CURTIS S.	7 January 1991	Field/Watch III
EMPLOYEE NAME	INGRADE PROGRESSION DATE	DIVISION/SECTION
21 December 1992	7 January 1988	Sgt. R. A. Mason
EVALUATION DATE	EMPLOYMENT DATE	SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review  Probationary Employee 2nd Review for Permanent Status & Ingrade Progression  Permanent Employee Annual Review  Other (Please Specify) \_\_\_\_\_

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

7	Works with Supervisors and others in planning and building an effective team.
8	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
7	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
8	New and additional assignments are accepted and performed.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. One of the few officers who is "in touch" with his assigned area. He knows what belongs and what is out of place. His performance parallels the ideal guidelines for a Patrol/Beat Officer.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. Always alert to radio traffic, answers to his first call and responds without delay. Radio voice is clear and understandable.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

7	All appropriate witnesses are interviewed. Field interview contacts are conducted.
8	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
7	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
7	Evidence is properly preserved, collected, and thoroughly described.
7	Statements are taken. Crime scenes and accidents are properly diagrammed.
8	Evidence Technicians or other Divisions or agencies are properly notified as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman's reports are thorough. He demonstrates that he does not just take reports, but does complete investigations.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Arrest procedure and reports are always top quality.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman consistently exceeds Watch goals in the area of T.L.E.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

7	No serious deviation from expected performance is demonstrated under unusual circumstances.
7	Demonstrates ability to take command of emergency situations.
8	Composure is maintained under stress.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman under the most stressful situations maintains a professional demeanor.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

7	Positively relates to people and needs. Does not antagonize or insult citizens.
8	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
8	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman has demonstrated excellent judgement in dealing with hostile individuals. He is especially effective in domestic disputes.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

7	Coordinates and supports other work Units and Departments.
7	Personal relationships with co-workers do not impair work.
7	Readily assists/backups other Officers.
7	Trains and guides less experienced Officers.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman volunteers for backups and has recently been made a F.T.O.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.****Performance Criteria:**

7	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
7	Reports are submitted on a timely basis.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
Officer Borman's reports are very thorough and neat.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.****Performance Criteria:**

7	Officer displays care and concern for Department equipment and buildings.
7	Vehicles are not abused through poor driving habits.
8	Weapons are clean and serviceable.
7	Automobiles are returned clean (interior) and serviced for the next Watch.
7	Equipment wear, malfunctions, damages are identified and reported.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
No noted problems in this area.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.****Performance Criteria:**

7	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
A self-motivated Officer who needs little supervision.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.****Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
8	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation. \_\_\_\_\_  
An extremely well groomed officer. A very professional appearing officer.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

Newly appointed F.T.O.

Cite examples of past performance to support your evaluation. \_\_\_\_\_

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
X	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Policy & Procedure Manual reviewed.

Officer Borman is presently pursuing a law degree.

**Recommendation:** \_\_\_\_\_ Salary Increase      \_\_\_\_\_ Retain in Present Pay Step  
 Retain in F+ Step      \_\_\_\_\_ Termination  
 \_\_\_\_\_ Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 23 Dec 93

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 12-23-93 I request addition review   
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 23 Dec 93



VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM

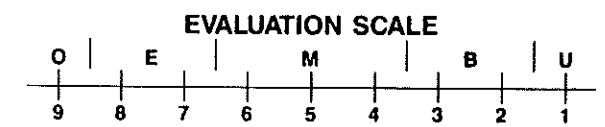
**POLICE PATROL OFFICER**

BORMAN, CURTIS	7 January 1994	Field
EMPLOYEE NAME	INGRADE PROGRESSION DATE	DIVISION/SECTION
19 December 1993	7 January 1988	Sgt. B. Fowler
EVALUATION DATE	EMPLOYMENT DATE	SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review       Probationary Employee 2nd Review for Permanent Status & Ingrade Progression       Permanent Employee Annual Review       Other (Please Specify)

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

7	Works with Supervisors and others in planning and building an effective team.
8	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
8	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
8	New and additional assignments are accepted and performed.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
 Officer Borman in the true sense is a team player. He is constantly striving to improve himself.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
 Officer Borman stays alert to radio traffic and responds appropriately.

**FACTOR C: INVESTIGATION OF CRIMES OR TRAFFIC ACCIDENTS.****Performance Criteria:**

8	All appropriate witnesses are interviewed. Field interview contacts are conducted.
8	Demonstrates working knowledge of ordinances, vehicle and criminal codes.
8	Investigative leads are recorded and followed. Investigations are thorough, and each stop properly documented.
8	Evidence is properly preserved, collected, and thoroughly described.
8	Statements are taken. Crime scenes and accidents are properly diagrammed.
8	Evidence Technicians or other Divisions or agencies are properly notified as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman's reports are thorough. He demonstrates that he does not just take reports, but makes police investigations.

**FACTOR D: APPREHENSION, ARREST OF CRIMINAL SUSPECTS.****Performance Criteria:**

8	All necessary information is included in arrest reports and case files.
8	No unnecessary force or verbal abuse is used.
8	Uses correct procedures in effecting an arrest, transporting and booking of prisoners.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Arrest procedure and reports are always top quality.

**FACTOR E: ENFORCEMENT OF TRAFFIC REGULATIONS.****Performance Criteria:**

8	Citations are issued in accord with Department and Watch objectives.
8	Actions taken are appropriate to the offense.
8	Citations are rarely returned for correction.
8	Traffic direction and assistance are provided as required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman consistently exceeds goals in the area of T.L.E.

**FACTOR F: PERFORMANCE UNDER STRESSFUL, EMERGENCY OR UNUSUAL CONDITIONS.****Performance Criteria:**

8	No serious deviation from expected performance is demonstrated under unusual circumstances.
8	Demonstrates ability to take command of emergency situations.
8	Composure is maintained under stress.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman always maintains a professional demeanor.

**FACTOR G: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

8	Positively relates to people and needs. Does not antagonize or insult citizens.
8	Knows and is responsive to community problems.
8	Courtesy is demonstrated in citizen contacts.
8	Anger and verbal abuse from citizens do not adversely affect performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman has demonstrated excellent judgement in dealing with hostile individuals. He is especially effective in resolving domestic disputes.

**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH OTHER PERSONNEL.****Performance Criteria:**

8	Coordinates and supports other work Units and Departments.
7	Personal relationships with co-workers do not impair work.
8	Readily assists/backups other Officers.
8	Trains and guides less experienced Officers.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman makes backups without prompting. Very good disposition.

**FACTOR I: PREPARATION AND PRESERVATION OF REQUIRED REPORTS AND INFORMATION.****Performance Criteria:**

8	Field Interview reports are used.
8	Reports are legible, concise and grammatically correct.
8	Reports are completed with required information, including a chronology of events and investigative detail and rarely returned for correction.
8	Reports are submitted on a timely basis.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Officer Borman's reports are neat, detailed and thorough.

**FACTOR J: OPERATION, MAINTENANCE AND CARE OF DEPARTMENTAL EQUIPMENT.****Performance Criteria:**

8	Officer displays care and concern for Department equipment and buildings.
8	Vehicles are not abused through poor driving habits.
8	Weapons are clean and serviceable.
8	Automobiles are returned clean (interior) and serviced for the next Watch.
8	Equipment wear, malfunctions, damages are identified and reported.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Far above average in this area.

**FACTOR K: CONFORMANCE TO WORK SCHEDULES, ASSIGNMENTS AND INSTRUCTIONS.****Performance Criteria:**

8	Instructions are followed and assignments completed on schedule.
8	Work does not have to be closely supervised.
8	Meets standards set by Supervisor; deviations from instructions and schedules are explained satisfactorily to Supervisor.
8	Unassigned time is effectively utilized, i.e., maintain citizen contact, proactive patrol, self-initiated activity.
8	Special attention is given to high accident, crime or other targeted areas.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

A self-motivated Officer who needs little direct supervision.

**FACTOR L: CONFORMANCE TO DEPARTMENT POLICIES, REGULARITY OF ATTENDANCE AND PUNCTUALITY.****Performance Criteria:**

8	Policies, rules and regulations are followed as prescribed.
8	Appearance meets Departmental specifications: neat, well groomed, professional.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	No noted abuse of sick or emergency leave.
8	Supervisor is given proper notice in advance of absences.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

An extremely well groomed officer. Exemplary in appearance, bearing and manner.

**FACTOR M: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

Newly appointed F.T.O. (a very good choice).

Cite examples of past performance to support your evaluation.

23 Feb. 94 (#94-4263) received Watch commendation letter for outstanding police work for arrest of auto thieves.

27 June 94 (#94-15446) Same as above. Ofcr. Borman was most skillful in eliciting admissions from the suspects.

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

<input checked="" type="checkbox"/>	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
<input type="checkbox"/>	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
<input type="checkbox"/>	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
<input type="checkbox"/>	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. <b>USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW.</b> This rating is not sufficient to deny Ingrade Progression.
<input type="checkbox"/>	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. <b>USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.</b>

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

None.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Policy & Procedure Manual reviewed.

Officer Borman is presently pursuing a law degree.

**Recommendation:** \_\_\_\_\_ Salary Increase                      \_\_\_\_\_ Retain in Present Pay Step  
 Retain in F+ Step                      \_\_\_\_\_ Termination  
 \_\_\_\_\_ Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 27 Dec 94

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 27 Dec 94  I request addition review  
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 27 Dec 94



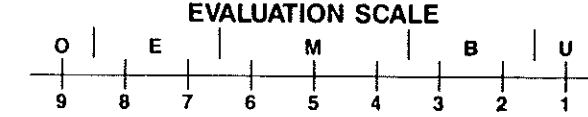
VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM  
**POLICE PATROL OFFICER**

BORMAN, CURTIS                      7 January 1995                      Field  
 EMPLOYEE NAME                      INGRADE PROGRESSION DATE                      DIVISION/SECTION  
 24 December 1994                      7 January 1988                      Sgt. A. J. Kloch  
 EVALUATION DATE                      EMPLOYMENT DATE                      SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review       Probationary Employee 2nd Review for Permanent Status & Ingrade Progression       Permanent Employee Annual Review       Other (Please Specify)

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) Outstanding - Exemplary performance far exceeding performance criteria.
- (E) Exceeds Expectation - Performance which exceeds the level supervisor normally expects.
- (M) Meets Expectation - Generally meets supervisor's expectation on performance criteria.
- (B) Below Expectation - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) Unsatisfactory - Unacceptable performance which must receive immediate attention.
- (NA) Not Applicable - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: SUPPORT OF UNIT'S OBJECTIVES: PLANNING/TEAMWORK.**

**Performance Criteria:**

9	Works with Supervisors and others in planning and building an effective team.
8	Officer's knowledge, talents and efforts are directed toward the needs of the Department and accomplishment of Unit's goals.
8	Improved methods are suggested and readily tried to improve effectiveness and solve traffic/crime/community problems.
8	New and additional assignments are accepted and performed.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
Officer Borman is an effective team member. He is constantly striving to improve himself.

**FACTOR B: RESPONSE TO RADIO CALLS AND ASSIGNMENTS.**

**Performance Criteria:**

8	Radio calls are not missed.
8	Proper radio procedures are followed.
8	Response is made promptly, safely and appropriately.
8	Assistance provided is appropriate to the need or problem.
8	Assistance is complete and further action is rarely required.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
Officer Borman stays alert to radio traffic and responds appropriately.

**FACTOR D: RELATIONS WITH CITIZENS AND THE COMMUNITY.****Performance Criteria:**

7	Sets good example by demonstrating courtesy to others.
7	Valid complaints are not received from citizens.
7	Problems between citizens and employees are identified and corrective action taken.
7	Anger and verbal abuse from citizens do not adversely affect performance.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Composure and courtesy is always demonstrated in his contacts with people.**FACTOR E: DEVELOPMENT, APPLICATION, ENFORCEMENT OF POLICIES, PROCEDURES, AND WORK RULES.****Performance Criteria:**

7	Village and Departmental policies are documented, communicated and kept available to affected personnel.
7	Employees are monitored to assure compliance with policies, procedures, and work rules.
7	Violation of policies, procedures and work rules are identified and timely corrective action is taken.
7	Few and only minor substantiated grievances occur and decisions made at the second step of the grievance procedure are normally upheld.
7	Actions taken which deviate from policies, procedures, and work rules are cleared in advance with appropriate Supervisor.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Policy and proper procedures are followed.**FACTOR F: PREPARATION AND PRESENTATION OF REPORTS AND REQUIRED INFORMATION.****Performance Criteria:**

8	Written reports are clear, concise, and rarely contain errors.
8	Information in reports is complete, accurate and submitted in prescribed format at agreed upon time.
8	Oral reports are communicated in clear, civil, and accurate manner.
8	Incomplete, inaccurate reports from employees are returned for correction or completion.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Sgt. Borman's reports are clear and concise.**FACTOR G: INVESTIGATION OF CRIMINAL ACTIVITY.****Performance Criteria:**

7	Supervises investigative procedures as needed.
7	Conclusions are factually based and documented.
8	Reviews and monitors case files.
N/A	No valid complaints regarding investigations are registered by superior Officers or prosecuting attorneys.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Cases are properly monitored during the initial phase.**FACTOR H: WORKING RELATIONSHIPS AND COOPERATION WITH SUBORDINATES AND OTHER SUPERVISORY PERSONNEL.****Performance Criteria:**

7	Valid complaints are not received from co-workers.
7	Problems in work relationships are resolved.
7	Provides positive support for subordinates and Supervisors as required.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

A good working relationship exists between Sgt. Borman and his co-workers.**FACTOR I: OPERATION, MAINTENANCE AND CARE OF ASSIGNED EQUIPMENT.****Performance Criteria:**

8	Operating and safety procedures are followed in the use and maintenance of equipment.
8	Prescribed operator maintenance is performed on schedule.
8	Equipment is not lost or damaged through carelessness.
8	Wear, malfunctions, damages and improper care of equipment are identified and corrective action taken.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Proper maintenance and care of Department equipment is always followed.**FACTOR J: CONFORMANCE TO DEPARTMENTAL POLICIES, REGULARITY OF ATTENDANCE.****Performance Criteria:**

8	Policies, rules and regulations are followed.
8	Appearance meets Departmental specifications.
8	No unnecessary delays in starting work at specified time.
8	No abuse of meal periods, coffee breaks, quitting time, or other special absences.
8	Supervisor is given proper notice in advance of absences. No noted abuse of sick or emergency leave.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

No problems ever noted in this area.**FACTOR K: APPLICATION, ENFORCEMENT OF VILLAGE AND DEPARTMENTAL POLICIES, RULES AND REGULATIONS.****Performance Criteria:**

8	Sets good example by adhering to policies and procedures.
7	Policies, procedures, and written directives are explained to employees.
7	Violations or misconduct are identified and timely corrective action taken.
8	Supervisor's reports accurately describe infractions.
7	Employees meet appearance requirements.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Department rules are enforced fairly.**FACTOR L: ASSIGNMENT, SCHEDULING, TRAINING AND SUPERVISION OF ASSIGNED PERSONNEL.****Performance Criteria:**

8	Few and only minor misunderstandings in assignments occur.
8	Assignments and schedules correspond to Departmental needs.
7	Information on performance is provided to subordinates. Reports are issued to superior in an objective and timely manner.
7	On-the-job training needs are identified and efforts made to provide them.
7	Performance of employees is satisfactory or corrective measures taken.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Personnel activities are monitored and corrective actions taken when required.**FACTOR M: ASSIGNMENT AND SUPERVISOR OF SUBORDINATE PERSONNEL.****Performance Criteria:**

8	Assignments are made in a fair and impartial manner.
8	Subordinates understand instructions and job assignments with few and only minor misunderstandings.
8	Problems or deviations arising in established plans, schedules and work activities are confronted promptly and appropriate action is taken.
7	Desired results (quantity and quality of work expected from Unit(s) are explained and accomplished through Unit personnel.
7	Superior is provided periodic information on subordinate's performance.
8	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Assignments are made fairly and are explained as necessary to ensure achievement.**FACTOR N: COMPLIANCE WITH BUDGETS AND EXPENDITURE CONTROLS.****Performance Criteria:**

	Budget recommendations are based on substantiated needs.
N/A	Budget recommendations are justified and submitted at agreed upon time.
A	Expenditures are documented and in line with established needs and budget limitations.
	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.

Not applicable.**FACTOR O: OTHER FACTORS IMPORTANT TO SUPERVISOR. (List any unique duties performed by employee not apparent in Class Specification.)****Performance Criteria:**

	None

Cite examples of past performance to support your evaluation.

**OVERALL PERFORMANCE RATING**

Based upon preceding evaluations, but not necessarily an average of the factors since some are more important than others, carefully read the criteria for each of the performance levels and check the term which best describes the employee's overall performance for the evaluation period.

	<b>Outstanding:</b>	Exemplary overall performance deserving special recognition normally occurring in less than 5% of the workforce.
X	<b>Exceeds Expectation:</b>	Performance exceeding the Supervisor's expectation on nearly all performance factors.
	<b>Meets Expectation:</b>	Performance generally meeting Supervisor's expectation on most performance criteria.
	<b>Below Expectation:</b>	Erratic performance falling short of that expected on most factors. Special review recommended in 60 days. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF REMEDIAL ACTIVITIES SECTION BELOW. This rating is not sufficient to deny Ingrade Progression.
	<b>Unsatisfactory:</b>	Unacceptable performance: Ingrade Progression for <b>Permanent Employees</b> may be withheld only upon submission of an unsatisfactory rating, in accordance with the Pay and Classification Plan. <b>Probationary Employees</b> may be terminated immediately. USE OF THIS OVERALL RATING REQUIRES COMPLETION OF THE REMEDIAL ACTIVITIES SECTION BELOW.

**Remedial Activities (Areas Needing Improvement):** Actions which Supervisor and employee have agreed upon to correct performance evaluation Below Expectation or Unsatisfactory.

**Development Activities (Training Plans):** Action which Supervisor and employee have agreed upon to further develop employee capabilities and to prepare for greater responsibility.

Continue learning about the job of a Supervisor.

**Recommendation:**  Salary Increase  Retain in Present Pay Step  
 Retain in F+ Step  Termination  
 Other (Explain) \_\_\_\_\_

RATER'S SIGNATURE: \_\_\_\_\_ DATE: 17 MAY 96

COMMENTS OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: 5/17/96 I request addition review   
 (Signature indicates only that appraisal has been reviewed with employee.)

SIGNATURE OF RATER'S SUPERVISOR: \_\_\_\_\_ DATE: 17 MAY 96



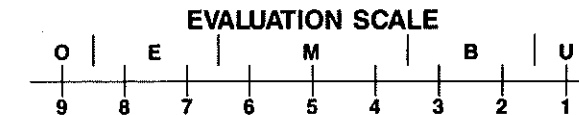
VILLAGE OF SKOKIE  
 PERFORMANCE EVALUATION AND COUNSELING FORM  
 POLICE LIEUTENANT/SERGEANT

BORMAN, CURTIS 19 June 1996 Field/Patrol  
 EMPLOYEE NAME INGRADE PROGRESSION DATE DIVISION/SECTION  
 11 May 1996 7 January 1988 Lt. P. Banks  
 EVALUATION DATE EMPLOYMENT DATE SUPERVISOR/REVIEWER

Probationary Employee 1st 6 Month Review  Probationary Employee 2nd Review for Permanent Status & Ingrade Progression  Permanent Employee Annual Review  Other (Please Specify) \_\_\_\_\_

**INSTRUCTIONS**

Using the numerical scale below, compare the performance of the employee being rated against the performance criteria listed for each factor. Select the number which best indicates your perception of that individual's performance on each of the criterion and enter it in the box provided. Then enter a number indicating a composite, or overall evaluation for the factor. Your complete evaluation should not necessarily reflect an average of the criteria rating since some criterion are more important than others. Examples of past performance must be cited.



- (O) **Outstanding** - Exemplary performance far exceeding performance criteria.
- (E) **Exceeds Expectation** - Performance which exceeds the level supervisor normally expects.
- (M) **Meets Expectation** - Generally meets supervisor's expectation on performance criteria.
- (B) **Below Expectation** - Erratic performance on criteria, falling short of that normally expected . . . requires remedial attention.
- (U) **Unsatisfactory** - Unacceptable performance which must receive immediate attention.
- (NA) **Not Applicable** - Evaluation of the factor or criterion is inappropriate for the employee being rated.

**FACTOR A: COMMITMENT TO DEPARTMENTAL GOALS AND APPLICATION OF LEADERSHIP SKILLS.**

**Performance Criteria:**

7	Takes an active role in goal setting and project planning of the Department.
7	Departmental needs, plans and goals are communicated to subordinates.
7	Subordinates are properly directed and encouraged to participate in the planning of projects and setting of work objectives.
7	Plans, projects and work objectives are consistent with Departmental needs, goals, and resources.
7	Subordinates and other Supervisors are encouraged to excel through the positive, professional attitude and action of this Supervisor.
7	Innovative ideas are encouraged and advanced from employees in solving problems and improving the effectiveness of the Unit.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
 Sergeant Borman directs and encourages his unit members to attain the Department goals.

**FACTOR B: DIRECTION OF PERSONNEL ACTIVITIES UNDER EMERGENCY, UNUSUAL OR STRESSFUL CONDITIONS.**

**Performance Criteria:**

7	Supervisor is present as appropriate.
7	Situation is correctly analyzed and appropriate actions taken.
7	Available resources are properly deployed.
7	Assistance is requested as situation dictates.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
 Resources are utilized properly to control stressful situations.

**FACTOR C: SELECTION, SUPERVISION AND EVALUATION OF SUBORDINATE PERSONNEL.**

**Performance Criteria:**

7	Factual, meaningful, fair, performance evaluations are prepared for employees.
7	Poor performance is improved or corrective action is taken.
7	Training is either provided or recommended where necessary to correct deficiencies or improve performance.
7	Personnel/performance problems are normally resolved without referral to a higher level.
7	Performance level of assigned Unit meets Departmental expectation.
7	Composite Evaluation for Factor.

Cite examples of past performance to support your evaluation.  
 Evaluations are factual and fair.



Vac

As of 12/13/97

5.429

2 pay periods  
x .577

1.154

TOTAL VAC DAYS

6.583

Bonus Days

On books

2

Flowers

Earns 3

0

Used 3

Paid for 1/9/98,  
but not worked

-1



# MICHAEL REESE HEALTH PLAN, INC.

## RETURN TO WORK/SCHOOL VERIFICATION

Patient's Name Antes Borna  
 MRN 396144

Date 12/5/90  
 Center Evans

### TO WHOM IT MAY CONCERN

The above-named person:

- Has received treatment at this office on the following dates: 12/5
- Has been hospitalized on the following dates: \_\_\_\_\_
- Has been ill and unable to work from \_\_\_\_\_ thru \_\_\_\_\_
- States he/she has been ill and unable to return to work from \_\_\_\_\_ thru \_\_\_\_\_
- Has been given telephone advice on: (date) \_\_\_\_\_
- May resume work on \_\_\_\_\_
- May resume restricted work as follows: \_\_\_\_\_
- May resume school on: \_\_\_\_\_ Physical Education:  may take  may not take  
 limited \_\_\_\_\_
- Return appointment on: \_\_\_\_\_

Signature of M.D. 

Print Physician's Name \_\_\_\_\_

I hereby authorize The Michael Reese Health Plan to furnish the following diagnosis to: \_\_\_\_\_  
 \_\_\_\_\_ To: \_\_\_\_\_

SIGNATURE OF PATIENT OR RESPONSIBLE PERSON

RELATIONSHIP TO PATIENT

PLEASE NOTE: Verification of above information will be given to employers and/or school officials upon their request.