STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Job Observation Record

Employee Name: _____ Sworn ☐ ID No. _____ Civilian ☐

Detachment / Division / Unit: _____ Position: _____

Entries Made by: _____

Entry Date	Observation (May be Used for Positive & Negative Comments)	Commander's Review		Employee Review	
		Date	Initials	Date	Initials

MCP Form 164 (2/15)