

Notes added to digital copy only

SEE INSTRUCTION ON SECOND PAGE OF FORM 2-hole punch mark

EMPLOYEE PERFORMANCE EVALUATION

2-hole punch mark

NON-EXEMPT

NAME <i>Ken Snyder</i>		POSITION TITLE <i>TRAFFIC Signal Tech</i>		DATE <i>4-27-2010</i>
LOCATION Service Center-65th & Riverview		DEPARTMENT		DIVISION Electric Operations
EVALUATING OFFICER <i>GREG DeGRAEVE</i>		REVIEWING SUPERVISOR		DATE PRESENT POSITION <i>1-21-2010</i>
				DATE LAST REVIEW <i>3-26-2010</i>

CHECK ONE	PROBATION <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>	CHECK APPLICABLE BOX
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A. PERFORMANCE CHARACTERISTICS:	U F G E O
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KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK. COMMENTS:	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK. COMMENTS: <i>HAS improved</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION. COMMENTS: <i>HAS improved</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS. COMMENTS: <i>ASKS if Help needed ON TASKS</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS. COMMENTS:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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OVERALL RATING BASED ON ABOVE	* DOCUMENTATION REQUIRED <input type="checkbox"/> UNSATISFACTORY <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> GOOD * <input type="checkbox"/> EXCELLENT * <input type="checkbox"/> OUTSTANDING
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B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)

NOTE DATE STAMP FROM H.R. RECEIVED

C. EMPLOYEE COMMENTS:

MAY 03 2010
HUMAN RESOURCES

NOTE SIGNATURES

SIGNATURES		EMPLOYEE SIGNATURE <i>Ken Snyder</i>	DATE <i>4/27/10</i>
EVALUATING OFFICER SIGNATURE <i>Greg DeGraeve</i>	DATE <i>4-27-2010</i>	REVIEWING SUPERVISOR SIGNATURE <i>Tomie Carl</i>	DATE <i>5/3/10</i>