

SEE INSTRUCTION ON SECOND PAGE OF FORM
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME [REDACTED]		POSITION TITLE TRAFFIC Signal Tech		DATE 2-26-2010
LOCATION Service Center-65th& Riverview		DEPARTMENT TRAFFIC Signal	DIVISION Electric Operations	
EVALUATING OFFICER		REVIEWING SUPERVISOR	DATE PRESENT POSITION 12-10-2009	DATE LAST REVIEW
CHECK ONE	PROBATION <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>
A. PERFORMANCE CHARACTERISTICS			CHECK APPLICABLE BOX U F G E O	
KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS:			[REDACTED]	
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS:				
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS: will improve with experience				
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION. COMMENTS:				
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS. COMMENTS:				
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS. COMMENTS:				
OVERALL RATING BASED ON ABOVE				
<input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> OUTSTANDING				
B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)				
C. EMPLOYEE COMMENTS:				
SIGNATURES		EMPLOYEE SIGNATURE		DATE
EVALUATING OFFICER SIGNATURE		DATE	REVIEWING SUPERVISOR SIGNATURE	DATE
[Signature]		2-26-2010	[Signature]	5/4/10

SEE INSTRUCTION ON SECOND PAGE OF FORM
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME		POSITION TITLE		DATE
[REDACTED]		TRAFFIC Signal Tech		4-27-2010
LOCATION		DEPARTMENT	DIVISION	
Service Center-65th& Riverview		TRAFFIC Signal	Electric Operations	
EVALUATING OFFICER	REVIEWING SUPERVISOR	DATE PRESENT POSITION	DATE LAST REVIEW	
GREG DEGRAEVE		12-10-2009	2-26-2010	

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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PERFORMANCE CHARACTERISTICS: U F G E O

KNOWLEDGE OF JOB-A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS:

Exemption 6 (2) - Personal Privacy of Individuals

QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS:	[REDACTED]
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS:	
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION. COMMENTS:	
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS. COMMENTS:	
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS. COMMENTS:	
OVERALL RATING BASED ON ABOVE	

DOCUMENTATION REQUIRED: UNSATISFACTORY FAIR GOOD EXCELLENT OUTSTANDING

B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)

C. EMPLOYEE COMMENTS:

SIGNATURES		EMPLOYEE SIGNATURE	DATE
[REDACTED]		[REDACTED]	5/4/10
EVALUATING OFFICER SIGNATURE	DATE	REVIEWING SUPERVISOR SIGNATURE	DATE
GREG DEGRAEVE	4-27-2010	ERIC WASH	5/4/10