

SEE INSTRUCTION ON SECOND PAGE OF
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME Ken SNYDER		POSITION TITLE TRAFFIC Signal Tech		DATE 3-26-2010
LOCATION Service Center-65th& Riverview		DEPARTMENT		DIVISION Electric Operations
EVALUATING OFFICER GREG DEGRAEVE		REVIEWING SUPERVISOR	DATE PRESENT POSITION 1-21-2010	DATE LAST REVIEW

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK. COMMENTS: MUST BE ASKED TO GET INVOLVED WITH TASKS	<input checked="" type="checkbox"/>	<input 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: SAME AS ABOVE	<input checked="" type="checkbox"/>	<input 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: Needs TO PAY ATTENTION TO INSTRUCTIONS. SAME AS ABOVE	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>	FAIR <input type="checkbox"/>	GOOD <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	OUTSTANDING <input type="checkbox"/>
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B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE):

RECEIVED
MAY 03 2010

C. EMPLOYEE COMMENTS:

HUMAN RESOURCES

SIGNATURES		EMPLOYEE SIGNATURE <i>[Signature]</i>	DATE 3/26/10
EVALUATING OFFICER SIGNATURE <i>[Signature]</i>	DATE 3-26-2010	REVIEWING SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE 5/3/10

Three weeks into employment had a talk with Ken about stepping up and not being afraid to ask questions, and being more involved with the work being performed.

While working with a senior technician and the line crew Ken volunteered to watch the signals while they where being flashed out. He was on the phone when he was to be letting the crew know which signals were flashing. The senior tech had to take over.

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SEE INSTRUCTION ON SECOND PAGE OF
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME <i>Ken Snyder</i>		POSITION TITLE <i>Traffic Signal Tech</i>		DATE <i>4-27-2010</i>
LOCATION <i>Service Center-65th& Riverview</i>		DEPARTMENT	DIVISION <i>Electric Operations</i>	
EVALUATING OFFICER <i>GREG DELGRAEVE</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"/>
A. PERFORMANCE CHARACTERISTICS			CHECK APPLICABLE BOX	
KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS:			U F G E O	
			[] [X] [] [] []	
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS:				
			[] [] [X] [] []	
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS: <i>HAS improved</i>				
			[] [X] [] [] []	
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, COMMENTS: WORK COMPLETION. <i>HAS improved</i>				
			[] [X] [] [] []	
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS COMMENTS: AND OTHERS. <i>ASKS if Help needed ON TASKS</i>				
			[] [X] [] [] []	
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS. COMMENTS:				
			[] [X] [] [] []	
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			
B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)				
RECEIVED MAY 03 2010 HUMAN RESOURCES				
C. EMPLOYEE COMMENTS:				
SIGNATURES		EMPLOYEE SIGNATURE <i>[Signature]</i>		DATE <i>4/27/10</i>
EVALUATING OFFICER SIGNATURE <i>Greg DelGraeve</i>	DATE <i>4-27-2010</i>	REVIEWING SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE <i>4/27/10</i>	

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SEE INSTRUCTION ON SECOND PAGE OF
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME KENNETH W. SNYDER		POSITION TITLE TRAFFIC SIGNAL TECHNICIAN		DATE June 21, 2010
LOCATION Service Center-65th & Riverview		DEPARTMENT EO TRAFFIC SIGNAL	DIVISION Electric Operations	
EVALUATING OFFICER ERIC CLARK		REVIEWING SUPERVISOR GREG DEGRAEVE	DATE PRESENT POSITION January 21, 2010	DATE LAST REVIEW April 27, 2010
CHECK ONE	PROBATION <input type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>
U F G E O				
A. PERFORMANCE CHARACTERISTICS: KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS: MR. SNYDER IS UNABLE TO COMPLETE WORK ON JOBS AND TASKS REQUIRED OF THE POSITION.			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS: MR. SNYDER DOES NOT PAY ATTENTION TO DETAIL WHEN ASKED TO COMPLETE A TASK. HE WAS ASKED TO PROGRAM A CONTROLLER WHEN INSTALLED IT WAS NOT COMPLETE WHICH CAUSED THE INTERSECTION TO MALFUNCTION.			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS: MR. SNYDER IS NOT COMPLETING TASKS IN A TIMELY MANNER. HIS VOLUME OF WORK IS UNSATISFACTORY DUE TO MULTIPLE PERSONAL PHONE CALLS DURING COMPANY WORKING HOURS..			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION. COMMENTS: ON MAY 26, 2010 MR. SNYDER WAS ASKED TO PROGRAM A CONTROLLER WHEN IT WAS INSTALLED IT DID NOT WORK PROPERLY. WHEN TRYING TO EXPLAIN WHAT WAS WRONG HAD TO BE ASKED NOT TO ANSWER PHONE WHILE WORKING.			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS. COMMENTS: HE DOES NOT VOLUNTEER TO WORK WITH CO-WORKERS ON CALLS DURING THE DAY TO DAY OPERATIONS.			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS. COMMENTS: WHEN IN THE FIELD, HE IS DISTRACTED FROM HIS WORK WITH PERSONAL PHONE CALLS. HIS ANSWERING OF THESE CALLS CREATES AN UNSAFE WORKING CONDITION FOR HIMSELF AND HIS CO-WORKERS.			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
OVERALL RATING BASED ON ABOVE		* DOCUMENTATION REQUIRED: <input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> FAIR <input 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
			<i>Eric Clark</i>	Oct 18 2010 10 SEP 18 2010 10/21/10

EMPLOYEE PERFORMANCE EVALUATION

KENNETH W. SNYDER

6-21-2010

KNOWLEDGE OF JOB: BY THIS TIME MR. SNYDER SHOULD BE ABLE TO WORK WITH MINIMAL ASSISTANCE ON JOBS DURING NORMAL WORKING HOURS. AT PRESENT HE HAS NOT COME UP TO SPEED ON THE DAY TO DAY PROBLEMS THAT ARISE.

QUALITY OF WORK / DEPENDABILITY: ON MAY 28TH, 2010 MR. SNYDER WAS ASKED TO PROGRAM A CONTROLLER. HE WAS TOLD TO ONLY INSTALL THE INFORMATION THAT WAS ON THE TIMING SHEET AND DELETE ALL OTHER INFORMATION NOT ON THE SHEET FOR THAT INTERSECTION. HE TOLD ME IT WAS COMPLETE. I MET HIM AT THIS LOCATION. THE INTERSECTION DID NOT WORK AS IT SHOULD. WHILE TRYING TO EXPLAIN TO HIM WHAT WAS WRONG HIS PHONE RANG, HE TRIED TO ANSWER IT. I ASKED HIM NOT TO ANSWER HIS PHONE WHILE I WAS SHOWING HIM THE PROBLEM. I PROCEEDED TO EXPLAIN TO HIM WHAT WAS WRONG AND AGAIN HIS PHONE RANG HE TRIED TO ANSWER IT. HE WAS TOLD AGAIN NOT TO ANSWER THE PHONE WHILE WORKING.

PRODUCTIVITY: HE IS NOT COMPLETING TASKS IN A TIMELY MANNER DUE TO MULTIPLE PERSONAL PHONE CALLS DURING WORKING HOURS.

COOPERATION: HE DOES NOT VOLUNTEER TO GO WITH SENIOR TECHS ON CALLS RECEIVED DURING NORMAL HOURS TO GET FIRST HAND KNOWLEDGE OF PROBLEMS. HE MUST BE TOLD THIS IS A PROBLEM HE SHOULD WANT TO GET INVOLVED WITH EVERY OPPORTUNITY TO GAIN THE KNOWLEDGE HE NEEDS TO PERFORM THE TASKS REQUIRED BY HIS JOB CLASSIFICATION.

SAFETY: WHEN IN THE FIELD HE IS DISTRACTED FROM HIS WORK WITH PERSONAL PHONE CALLS. HIS ANSWERING OF THESE CALLS CREATES AN UNSAFE WORKING CONDITION FOR HIMSELF AND FOR CO-WORKERS.

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