## DEPARTMENT OF TRANSPORTATION NONMANAGERIAL PERFORMANCE EVALUATION SHEET FROM: JANUARY 1 TO: DECEMBER 31, 200\_5

DIVISION: Passenger Tra	ansport – Si Ferry				
t assenger in	ansport – Si Ferry	<u> </u>		WORK	UNIT: 3103
EMPLOYEE'S NAME	WORK	EMPLOYEE INF	ORMATION		
Ahmed, Magbool				DATE ASSIGN	D TO PRESENT UNIT
	IL SERVICE TITLE	/ Street		CIVIL SERVICE	7/04 STATUS
Dec	ckhand			[] PERM [] LABOR CL	[] PROV
В	EMP	LOYEE PERFOR	MANCE RATING		ASS [] NON-COMP
TASK TASK DESCRIPTION:			mpared to standards for	tasks)	
. 44013 763567 (0	detect any violation of sa	rety regulations.			
	CE: rds such as broken glass ent life saving devices on	or loose handrails ar vessel are available	re recognized and quickly and functional, on a regu	/ corrected. lar basis.	
	JNSATISFACTORY	CONDITIONAL	☐ GOOD	VERY GOOD	OUTSTANDING
TASK TASK DESCRIPTION: NO. Operates Bridges	and Aprons in accordance	e with agency quide	lines.		
			•		
ACTUAL PERFORMANC	CE:				
-, operanor,	watch is kept for completing of equipment is examined	ng safe loading and u d to check for proper	inloading of passengers working order and any o	and vehicles. lefects,	
TASK RATING: UNRATABLE U	INSATISFACTORY	CONDITIONAL	C GOOD C	VERY GOOD	T-2 0
TASK TASK DESCRIPTION:				VERT GOOD	OUTSTANDING
NO. Takes active role	in Emergency Drills.				
ACTUAL PERFORMANO	E:				
	be used is examined for of the duties required on t	operational defects a the station bill and ca	nd attends to them with our of them.	care and efficiency.	•
	NSATISFACTORY [	CONDITIONAL		VERY GOOD	OUTSTANDING
TASK TASK DESCRIPTION: NO.					
ACTUAL PERFORMANC	€:				
TASK RATING:	NSATISFACTORY	CONDITIONAL			
	TOATIGE ACTORY	CONDITIONAL		VERY GOOD	OUTSTANDING
TASK DESCRIPTION:					
ACTUAL PERFORMANCI	<b>E:</b>				
TASK RATING: UNRATABLE UN	SATISFACTORY	CONDITIONAL	GOOD	VERY GOOD	OUTSTANDING
UNDOCUMENTED ABSENC	NUMBER (	ICE CONTROL I	K NUMBER OT	HER: A.W.O.L	DAYS LATENESS-HOURS
THIS EVALUATION PERIOD		LEAVE FOR THIS EVALUATION PERK	OF DAYS		
he overall rating is derived from the isks. The supervisor should also capact on the work of others, prompt fectiveness in planning and executionings must be substantiated (see revening the substantiated).	e general tendency indical consider factors not reflect mess and speed of work,		dividual tasks, taking intuitional tasks. These includes	c the employee's:	attendance, nunctuality
OVERALL RATING: UNRATABLE UN	NSATISFACTORY [	CONDITIONAL	□ 6000 :	VERY GOOD	OUTSTANDING
					THE ASSESSMENTED

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	OR'S INFORMATION
SUPERVISOR'S NAME	CIVIL SERVICE TITLE
ABDELMEGNID, S	MHE
DIVISION/UNIT SUPERVISED	OFFICE TELEPHONE
H.S. BARBERT.	
	ALTERATION AND ALL TO A MINISTER
F SUPERVISOR'S JUSTIFIC	CATION FOR OVERALL RATING
include the employee's attendance, punctuality, impact on completeness of work, decision making ability, initiative assignments, adaptability to changing conditions and other	the critical tasks should be included here. Again, these should the work of others, promptness and speed of work, accuracy and re, dependability, effectiveness in planning and executing work refactors relevant to work performance.
<b></b>	
G SUPERVISOR'S PLAN	NS AND RECOMMENDATIONS
Plans to improve employee's performance:	
2. Plans and recommendations to capitalize upon employe	ee's strengths:
	j
a Managarations	<b>†</b>
3. Plans and recommendations to change conditions:	•
H SUPERVISOR'S COMM	ENTS ON APPRAISAL INTERVIEW
This section should reflect the results of Interim and final	appraisal meetings between supervisor and employee, particularly
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The mate did discuss all A	spect of work and what he
The mare and assum all A	They of man and
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expectation lin.	
M. M. Annua som American American	OCUMENT TO PERFORMANCE EVALUATION UNIT
	OCCURET TO LEAR ORGANICE BY ABOATION ONLY
I Signatures.  PLEASE NO signs it. All tho.	TE: The employee MUST be given a copy of this document as soon as he/she se signing this form MUST be notified of any changes made on this document.
	Int
Supervisor's Signature	100
Subalkizor a distraction	Pate
HANCHRON, G.A.	30 marob
Reviewer's Name (Type or Print)	Reviewer's Signature Date
Arthur Aaronson	
aA	<i>\forall \land \la</i>
EMPLOYEE'S STATEMENT: My signature below indicates of	only that my granuation has been discussed with me, and that I have
received a copy of the evaluation on this date. This does not neces	ssarlly indicate my agreement with the contents of this evaluation.
	03/21/06.
Engaley of S Sig.	nature Date

If you are dissatisfied with the above rating, you have ten calendar days from the date the rating is given to submit an appeal to your Division Evaluation Review Board. Submit with your appeal a copy of this Performance Evaluation Sheet to the Personnel Coordinator of the Division under which your Work Unit falls.

## DEPARTMENT OF TRANSPORTATION NONMANAGERIAL PERFORMANCE EVALUATION SHEET FROM: JANUARY 1 TO: DECEMBER 31, 2006

DIVISION: Passenger Tra	insport-SI Ferry			WORK UN	VIT: 3103	
A EMPLOYEE INFORMATION						
EMPLOYEE'S NAME	]	WORK LOCATION	ORGANION	DATE ASSIGNED	TO PRESENT UNIT	
AHMED, MAC	1005	1 BAY STR	**** <b>*</b> **		6/1 /04	
EMPLOYEE I.D. NUMBER	CIVIL SERVICE TITE		EST, ST	CIVIL SERVICE ST	6/1/04 TATUS	
		DD 07777440		[4 PERM	[] PROV	
	<u> </u>	DECKHAND EMPLOYEE PERFOR	MANCE DATING	[] LABOR CLAS	S [] NON-COMP	
В	(Employ	ee's actual performance co		or tasks)		
TASK TASK DESCRIPT	rion:					
No. Patrois vessel to	detect any violation of	of safety regulations.				
ACTUAL PERFOR	MANCE.		,			
1) Potential hazards such	as broken glass or i	oose handrails are recod	nized and quickly co	rrected.		
2) Insures sufficient life s	aving devices on ves	sel is available and fund	tional, on a regular ba	asis.		
UNRATABLE T	UNSATISFACTOR	Y CONDITIONAL				
L J ONISTINOEL.		T CONDITIONAL	COOD	VERY GOOD	OUTSTANDING	
TASK TASK DESCRIP						
2 Operates Bridge	s and Aprons in acc	ordance with agency guid	lelines.			
NO.1	4					
ACTUAL PERFOR	RMANCE:					
1) An adequate watch is k	ept for completing s	afe loading and unloading	of passengers and	vehicles.		
2) The operation of equipa	ment is examined to	check for proper working	order and any defect	ts.		
TASK RATING:						
UNRATABLE [	UNSATISFACTO	RY CONDITIONAL	GOOD	VERY GOOD	OUTSTANDING	
TASK TASK DESCRIP	PTION: e in Emergency Drills					
No.1	e in Emergency Drills	<b>.</b>				
ACTUAL PERF	ORMANCE:		to a state of the			
Equipment to be used     is fully aware of the du	is examined for oper ities required on the	ational detects and attensistation hill and carefully a	ds to them with care	and efficiency.		
		station bit and carefully e	xecutes them.			
UNRATABLE F	UNSATISFACTO	~ []				
	CHORTIOI ACTO	RY CONDITIONAL	GOOD	VERY GOOD	OUTSTANDING	
TASK TASK DESCRIP	PTION:					
No.1						
ACTUAL PERI	FORMANCE:	•		7		
TASK RATING:		·				
UNRATABLE	UNSATISFACTO	RY CONDITIONAL	COOD	172 VERY GOOD	OUTSTANDING	
	•			<u> </u>	ODISTANDING	
TASK5 TASK DESCRIP	PTION:		· · · · · · · · · · · · · · · · · · ·	***************************************		
No.1						
ACTUAL PERFOR	RMANCE:					
TASK DATING-				<u> </u>		
TASK RATING:	UNSATISFACTO	RY CONDITIONAL	GOOD	VERY GOOD		
		·· Pl countingée	<u> </u>	P I VENT GOOD	OUTSTANDING	
BSENCE CONTROL INFO	DRIMATION ABSENCE NUME	BER DOCUMENTED S	ICK NUMBER	COMMENTS:		
SICK LEAVE FOR IN	ISTANCES OF DA			COMMENTS:		
THIS EVALUATION PERIOD		EVALUATION PE		,		
EMPLOYEE'S OVERALL RATING The overall rating is derived from the general tendency indicated by actions for individual and actions of the second secon						
The overall rating is derived from the general tendency indicated by ratings for individual tasks, taking into consideration the importance of priority tasks. The supervisor should also consider factors not reflected in the tasks statements. These include the employee's attendance, punctuality,						
unpact on the work of others.	, promptness and speed	l of work, accuracy and cor	unleteness of work, dec	icina makina shiline i	eitiativa damaadahilib.	
impact on the work of others, promptness and speed of work, accuracy and completeness of work, decision making ability, initiative, dependability, effectiveness in planning and executing work assignments, adaptability to changing conditions, and other factors relevant to work performance. All						
ratings must be substantiated	(see reverse side).				•	
OVERALL RATING:	,					
UNRATABLE	UNSATISFACTO	RY CONDITIONAL	GOOD	VERY GOOD	OUTSTANDING	
<u> </u>					TT OO LO LANDING	

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JEMENE SAMPH Abo	Plustal	male	•	
DIVISION/UNIT SUPERVISED	<i></i>	OFFICE TELEPHONE		-
7-100 71000		L		
F SUPER	VISOR'S JUSTIFIC	ATION FOR OVERALI	RATING	
Comments on performance factors not include the employee's attendance, punction completeness of work, decision making assignments, adaptability to changing continuous continuou	tuality, impact on t g ability, initiative	the work of others, pro , dependability, effect	mptness and sp Iveness in plan	eed of work, accuracy and
Vey goo	d cu	sill en		
<i>G</i> sur	א זל פילופועלקי	S AND RECOMMENDA	TIONS	
Plans to improve employee's performa		S AND RECOMMENDA	110/15	
				M
Plans and recommendations to capital	lze upon employed	s's strengths:		
		. /		•
	1			
3. Plans and recommendations to change	e conditions;			
	-/			
•				
H . SUPER	VISOR'S COMME	NTS ON APPRAISAL IN	TERVIEW	
This section should reflect the results of if the employee's performance throughout				and employee, particularly
		-		
				r
PLEASE SUBMIT ORIGIN  I Signatures	IAL OF THIS DO	CUMENT TO PERFO	RMANCE EVAI	LUATION UNIT
				his document as soon as he/she ges made on this document.
<u> </u>	/ Der	to 1	· · · · · · · · · · · · · · · · · · ·	
Hanchron, G.A.	7/1	Reviewer's Signature		17mar 2007
Arthur Aaronson	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(avrewer's Signature		Date
EMPLOYEE'S STATEMENT: My signatur	a halow Indicates only	that my avaluation has be-	on discussed with m	e, and that I have
received a copy of the evaluation on this date. T	his does not necessar	rily indicate my agreement	with the contents of	this evaluation.
	Employee's Signat	ūre		Date

If you are dissatisfied with the above rating, you have ten calendar days from the date the rating is given to submit an appeal to your Division Evaluation Review Board. Submit with your appeal a copy of this Performance Evaluation Sheet to the Personnel Coordinator of the Division under which your Work Unit fails.

Rav. 5/1/05

## DEPARTMENT OF TRANSPORTATION NONMANAGERIAL TASKS AND STANDARDS AND PERFORMANCE EVALUATION FORM FROM: JANUARY 1 TO: DECEMBER 31, 2007

DIVISION: Staten Island Ferry			WORK UNIT: 3103			
4			3103			
4 EMPLOYEE INFORMATION EMPLOYEE'S NAME (Last name, First name) EMPLOYEE I.D. NUMBER CIVIL SERVICE TITLE						
AHMED, MAQBOOL			DECKHAND			
		J	DECKRAND			
TASK   TASK DESCRIPTION:	PLOYEE PERFORMANCE I	RATING				
NO. Patrols vessel to detect any violation of sa	afety regulations.					
STANDARD (S):  1)Potential hazards such as broken glass or loose 2)Insures sufficient life saving devices on vessel ar	handrails are recognized an re available and functional o	id quickly corrected. n a regular basis.				
TASK RATING: UNRATABLE UNSATISFACTORY	CONDITIONAL	GOOD X	RY GOOD OUTSTANDING			
TASK DESCRIPTION: Operates bridges and Aprons in accordar	nce with agency guidelines.					
STANDARD (S):  1)An adequate watch is kept for completing safe to 2)The operation of equipment is examined to check	pading and unloading of pass k for proper working order a	sengers and vehicles. nd any defects,				
TASK RATING: UNRATABLE UNSATISFACTORY	CONDITIONAL _	GOOD VE	RY GOOD OUTSTANDING			
TASK DESCRIPTION: NO. 3 Takes active role in emergency drills.		the first of the second se				
STANDARD (S):  1)Equipment to be used is examined for operational defects and attends to them with care and efficiency.  2)Is fully aware of the duties required on the station bill and carefully executes them.						
TASK RATING: UNRATABLE UNSATISFACTORY	CONDITIONAL	GOOD X	RY GOOD OUTSTANDING			
TASK DESCRIPTION: NO. 4						
STANDARD (S):						
TASK RATING: UNRATABLE UNSATISFACTORY	CONDITIONAL.	GOOD VE	RY GOOD OUTSTANDING			
TASK DESCRIPTION: NO. 5			•			
STANDARD (S):		,				
TASK RATING: UNRATABLE UNSATISFACTORY	CONDITIONAL	GOOD VEI	RY GOOD OUTSTANDING			
C Signatures Agreement of Tasks & Standards at beginni						
SUPERVISOR'S NAME (PRINT)  SAMEH Abde/web.	SUPERVISOR'S SIGNA	ATURE 0	04/27/8			
I HAVE SEEN AND UNDERSTAND THE ABOVE TASKS STANDARDS & I UNDERSTAND I WILL RECEIVE A CO OF THIS SIGNED FORM.	EMPLOYEE'S SIGNAT	URÉ //	04/27/08 DATE 4/27/08			

SUPERV	ISOR'S INFORMATION	•			
SUPERVISOR'S NAME	CIVIL SERVICE TITLE		İ		
SAMEH Abdelmy	mare				
SUPERVISOR'S NAME  SAMEH Abdelay 'I  DIVISION/UNIT SUPERVISED  F-B: New Home flowatic	OFFICE TELEPHONE		ļ		
F-B" New Home Partic		- <u> </u>			
	CONTROL INFORMATION				
UNDOCUMENTED ABSENCE NUMBER DOCU	IMENTED SICK NUMBER	OTHER: A.W.O.LDAYS	LATENESS-HOURS		
SICK LEAVE FOR INSTANCES OF DAYS LEAV	E FOR THIS OF DAYS				
THIS CYALDRITOR	UATION PERIOD				
PERIOD	, L-/	<u> </u>			
chell is low EMPLOYE	E'S OVERALL RATING				
the state of desired from the entires for individual	I tasks taking into considerat	tion the importance of pri	onty tasks. The		
The overall rating is derived from the ratings for mainted supervisor should also consider factors not reflected in the punctuality, impact on the work of others, promptness of wo	sa tarke etalomonic i noch	may incline ine employ	ees anemance.		
punctuality, impact on the work of others, promptiless of wo dependability, effectiveness in planning and executing wo	rk assignments, adaptability	to changing conditions, a	and other factors		
relevant to work performance.	-				
OVERALL RATING:		5/1,500,000	CUTETANDING		
UNRATABLE UNSATISFACTORY CO	NDITIONAL GOOD	VERY GOOD	OUTSTANDING		
	TITIO 1 TION COO OUED 11	1 DATING			
G SUPERVISOR'S JUS	TIFICATION FOR OVERAL	L KAINO			
Additional comments on factors that	impact performance rating s	should be included here.			
AN OVERALL RATING OF UNSATISFACTORY, UNRAT	ABLE, AND/OR CONDITIONAL	L REQUIRES A COMMEN	IT/JUSTIFICATION		
			}		
H SUPERVISOR'S I	PLANS AND RECOMMEND	ATIONS			
1. Plans to improve employee's performance:					
2. Plans and recommendations to capitalize upon em	ployee's strengths:		İ		
2. Fights and recommitment of the services of	. •				
	•				
3. Plans and recommendations to change conditions	•				
			ļ		
			ļ		
4. Supervisor's comments of appraisal interview:					
, End	of Rating Period:		Oate /		
Supervisor's Name (PRINT)	Supervisor's Signature		04/27/08		
Supervisor's Name (PRINT)  SAUCH Audelmissed  Reviewer's Name (PRINT)			Date		
Reviewer's Name (PRINT)	Reviewer's Signature	_	in way of		
I as a table of the			07.703		
PLEASE NOTE: You should discuss promotional			•		
PLEASE NOTE: You should discuss promotional The employee MUST be given a confidence of the signing this form MUST be					
All those signing this lotter wood to	F LIGHTOO OF BUY CHRISTON HEND ON				
	6 BOTHER OF BITA CHANGES WIRES AN		that I have		
	e notified of any changes when her h	men discussed with me, and t	that I have ation.		
EMPLOYEE'S STATEMENT: My signature below indireceived a copy of the evaluation on this date. This does not not	e notified of any changes when her h	men discussed with me, and t	that I have ation.		
	e notified of any changes when her h	men discussed with me, and t	that I have ation.		

## PLEASE SUBMIT ORIGINAL OF THIS DOCUMENT TO THE PERFORMANCE EVALUATION UNIT

Employee's Signature

If you are dissatisfied with the above rating, you have ten calendar days from the date the rating is given to submit an appeal to your Division Evaluation Review Board. Submit a copy of this Performance Evaluation Form with your appeal to the Personnel Coordinator of the Division under which your work unit falls.