

**DEPARTMENT OF TRANSPORTATION
NONMANAGERIAL PERFORMANCE EVALUATION SHEET
FROM: JANUARY 1 TO: DECEMBER 31, 200 2**

| | |
|---|------------------------|
| DIVISION: Passenger Transport – SI Ferry | WORK UNIT: 3103 |
|---|------------------------|

| A EMPLOYEE INFORMATION | | |
|-----------------------------------|---------------------------------|---|
| EMPLOYEE'S NAME Ahmed, Maqbool | WORK LOCATION 1 Bay Street | DATE ASSIGNED TO PRESENT UNIT 6/1/04 |
| EMPLOYEE I.D. NUMBER | CIVIL SERVICE TITLE Deckhand | CIVIL SERVICE STATUS <input type="checkbox"/> PERM <input type="checkbox"/> PROV <input type="checkbox"/> LABOR CLASS <input type="checkbox"/> NON-COMP |

**B
EMPLOYEE PERFORMANCE RATING**
(Employee's actual performance compared to standards for tasks)

| | |
|---|---|
| TASK NO. | TASK DESCRIPTION: Patrols vessel to detect any violation of safety regulations. |
| ACTUAL PERFORMANCE: 1) Potential hazards such as broken glass or loose handrails are recognized and quickly corrected. 2) Insures sufficient life saving devices on vessel are available and functional, on a regular basis. | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input checked="" type="checkbox"/> OUTSTANDING | |

| | |
|---|---|
| TASK NO. | TASK DESCRIPTION: Operates Bridges and Aprons in accordance with agency guidelines. |
| ACTUAL PERFORMANCE: 1) An adequate watch is kept for completing safe loading and unloading of passengers and vehicles. 2) The operation of equipment is examined to check for proper working order and any defects. | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input checked="" type="checkbox"/> OUTSTANDING | |

| | |
|---|--|
| TASK NO. | TASK DESCRIPTION: Takes active role in Emergency Drills. |
| ACTUAL PERFORMANCE: 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: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input checked="" type="checkbox"/> OUTSTANDING | |

| | |
|--|--------------------------|
| TASK NO. | TASK DESCRIPTION: |
| ACTUAL PERFORMANCE: | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|--------------------------|
| TASK NO. | TASK DESCRIPTION: |
| ACTUAL PERFORMANCE: | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| ABSENCE CONTROL INFORMATION | | | | | |
|--|-------------------|----------------|--|----------------|---|
| UNDOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | ABSENCE INSTANCES | NUMBER OF DAYS | DOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | NUMBER OF DAYS | OTHER: A.W.O.L.-DAYS LATENESS-HOURS |
| | 0 | 0 | | 0 | <input type="text"/> <input type="text"/> |

EMPLOYEE'S OVERALL RATING
 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, 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: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input checked="" type="checkbox"/> OUTSTANDING | | | | | |
|--|--|--|--|--|--|

E SUPERVISOR'S INFORMATION

| | |
|--|------------------------------------|
| SUPERVISOR'S NAME <i>ABDELMEGID, S</i> | CIVIL SERVICE TITLE <i>MPAK</i> |
| DIVISION/UNIT SUPERVISED <i>A-5. BARBERT.</i> | OFFICE TELEPHONE [REDACTED] |

F SUPERVISOR'S JUSTIFICATION FOR OVERALL RATING

Comments on performance factors not mentioned among the critical tasks should be included here. Again, these should include the employee's attendance, punctuality, 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.

always keeps his station clean and free of refuse.

G SUPERVISOR'S PLANS AND RECOMMENDATIONS

1. Plans to improve employee's performance:
2. Plans and recommendations to capitalize upon employee's strengths:
3. Plans and recommendations to change conditions:

H SUPERVISOR'S COMMENTS ON APPRAISAL INTERVIEW

This section should reflect the results of interim and final appraisal meetings between supervisor and employee, particularly if the employee's performance throughout the evaluation period has been unsatisfactory.

he mate did discuss all Aspect of work and what the expectations are.

PLEASE SUBMIT ORIGINAL OF THIS DOCUMENT TO PERFORMANCE EVALUATION UNIT

I Signatures.

PLEASE NOTE: The employee MUST be given a copy of this document as soon as he/she signs it. All those signing this form MUST be notified of any changes made on this document.

| | |
|---|------------------------------------|
| Supervisor's Signature [REDACTED] | Date <i>03/21/06</i> |
| Reviewer's Name (Type or Print) <i>HANCHARON, G.A.</i> Arthur Aaronson | Reviewer's Signature [REDACTED] |
| Employee's Signature [REDACTED] | Date <i>03/21/06</i> |

EMPLOYEE'S STATEMENT: My signature below indicates only that my evaluation has been discussed with me, and that I have received a copy of the evaluation on this date. This does not necessarily indicate my agreement with the contents of this evaluation.

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 Transport-Sf Ferry | WORK UNIT: 3103 |
|---|------------------------|

| A EMPLOYEE INFORMATION | | |
|------------------------------------|-----------------------------------|--|
| EMPLOYEE'S NAME AHMED, MAOBOOL | WORK LOCATION 1 BAY STREET, SI | DATE ASSIGNED TO PRESENT UNIT 6/1/04 |
| EMPLOYEE I.D. NUMBER [REDACTED] | CIVIL SERVICE TITLE DECKHAND | CIVIL SERVICE STATUS <input checked="" type="checkbox"/> PERM <input type="checkbox"/> PROV <input type="checkbox"/> LABOR CLASS <input type="checkbox"/> NON-COMP |

**B
EMPLOYEE PERFORMANCE RATING**
(Employee's actual performance compared to standards for tasks)

| | |
|---|--|
| TASK 1 No. | TASK DESCRIPTION: Patrols vessel to detect any violation of safety regulations. |
| ACTUAL PERFORMANCE: 1) Potential hazards such as broken glass or loose handrails are recognized and quickly corrected. 2) Insures sufficient life saving devices on vessel is available and functional, on a regular basis. | |
| <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|--|
| TASK 2 No.1 | TASK DESCRIPTION: Operates Bridges and Aprons in accordance with agency guidelines. |
| ACTUAL PERFORMANCE: 1) An adequate watch is kept for completing safe loading and unloading of passengers and vehicles. 2) The operation of equipment is examined to check for proper working order and any defects. | |
| <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|---|
| TASK 3 No.1 | TASK DESCRIPTION: Takes active role in Emergency Drills. |
| ACTUAL PERFORMANCE: 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. | |
| <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|-------------------|
| TASK 4 No.1 | TASK DESCRIPTION: |
| ACTUAL PERFORMANCE: | |
| <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|-------------------|
| TASK 5 No.1 | TASK DESCRIPTION: |
| ACTUAL PERFORMANCE: | |
| <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| BSENCE CONTROL INFORMATION | | | | | |
|--|------------------------|---------------------|--|---------------------|-----------|
| UNDOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | ABSENCE INSTANCES 1 | NUMBER OF DAYS 1 | DOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | NUMBER OF DAYS 0 | COMMENTS: |

EMPLOYEE'S OVERALL RATING

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, 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: | | | | | |
| <input type="checkbox"/> UNRATABLE | <input type="checkbox"/> UNSATISFACTORY | <input type="checkbox"/> CONDITIONAL | <input type="checkbox"/> GOOD | <input checked="" type="checkbox"/> VERY GOOD | <input type="checkbox"/> OUTSTANDING |

| | |
|---|------------------------------------|
| SUPERVISOR'S INFORMATION | |
| SUPERVISOR'S NAME <i>Sameh Abdelmajid</i> | CIVIL SERVICE TITLE <i>male</i> |
| DIVISION/UNIT SUPERVISED <i>New Horize</i> | OFFICE TELEPHONE [REDACTED] |

F SUPERVISOR'S JUSTIFICATION FOR OVERALL RATING

Comments on performance factors not mentioned among the critical tasks should be included here. Again, these should include the employee's attendance, punctuality, 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.

Very good work

G SUPERVISOR'S PLANS AND RECOMMENDATIONS

- Plans to improve employee's performance:
- Plans and recommendations to capitalize upon employee's strengths:
- Plans and recommendations to change conditions:

H SUPERVISOR'S COMMENTS ON APPRAISAL INTERVIEW

This section should reflect the results of interim and final appraisal meetings between supervisor and employee, particularly if the employee's performance throughout the evaluation period has been unsatisfactory.

PLEASE SUBMIT ORIGINAL OF THIS DOCUMENT TO PERFORMANCE EVALUATION UNIT

I Signatures

| | | |
|---|---|----------------------------|
| [REDACTED] | PLEASE NOTE: The employee MUST be given a copy of this document as soon as he/she signs it. All those signing this form MUST be notified of any changes made on this document. | |
| | <i>03/19/07</i> Date | |
| <i>HANCLAW, G.A.</i> Reviewer's Name (Type or Print) | [REDACTED] Reviewer's Signature | <i>17 MAR 2007</i> Date |
| Arthur Aaronson [REDACTED] | | |
| EMPLOYEE'S STATEMENT: My signature below indicates only that my evaluation has been discussed with me, and that I have received a copy of the evaluation on this date. This does not necessarily indicate my agreement with the contents of this evaluation. | | |
| | [REDACTED] Employee's Signature | _____ 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.

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**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 |
|--------------------------------------|---------------------------|

| 1 EMPLOYEE INFORMATION | | |
|--|------------------------------------|--|
| EMPLOYEE'S NAME (Last name, First name) AHMED, MAQBOOL | EMPLOYEE I.D. NUMBER [REDACTED] | CIVIL SERVICE TITLE DECKHAND |

| EMPLOYEE PERFORMANCE RATING | |
|--|--|
| TASK NO. 1 | TASK DESCRIPTION: Patrols vessel to detect any violation of safety regulations. |
| STANDARD (S): 1) Potential hazards such as broken glass or loose handrails are recognized and quickly corrected. 2) Insures sufficient life saving devices on vessel are available and functional on a regular basis. | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|---|---|
| TASK NO. 2 | TASK DESCRIPTION: Operates bridges and Aprons in accordance with agency guidelnes. |
| STANDARD (S): 1) An adequate watch is kept for completing safe loading and unloading of passengers and vehicles. 2) The operation of equipment is examined to check for proper working order and any defects. | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|--|---|
| TASK NO. 3 | TASK DESCRIPTION: Takes active role in emergency drills. |
| 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: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|---|-------------------|
| TASK NO. 4 | TASK DESCRIPTION: |
| STANDARD (S): | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

| | |
|---|-------------------|
| TASK NO. 5 | TASK DESCRIPTION: |
| STANDARD (S): | |
| TASK RATING: <input type="checkbox"/> UNRATABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD <input type="checkbox"/> OUTSTANDING | |

2 Signatures

Agreement of Tasks & Standards at beginning of Rating Period:

| | | |
|--|--------------------------------------|-------------------------|
| SUPERVISOR'S NAME (PRINT) <i>SAMEH Abdelmehdi</i> | SUPERVISOR'S SIGNATURE [REDACTED] | DATE <i>04/27/08</i> |
| I HAVE SEEN AND UNDERSTAND THE ABOVE TASKS & STANDARDS & I UNDERSTAND I WILL RECEIVE A COPY OF THIS SIGNED FORM. | EMPLOYEE'S SIGNATURE [REDACTED] | DATE <i>4/27/08</i> |

D SUPERVISOR'S INFORMATION

| | |
|--|--------------------------------------|
| SUPERVISOR'S NAME <i>SAMETH Abdelmajid</i> | CIVIL SERVICE TITLE <i>mate</i> |
| DIVISION/JUNIT SUPERVISED <i>F-B New Home</i> | OFFICE TELEPHONE <i>Room #11C</i> |

E ABSENCE CONTROL INFORMATION

| | | | | | | |
|--|-------------------------------|----------------------------|--|----------------------------|----------------------------------|----------------------------|
| UNDOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | ABSENCE INSTANCES <i>2</i> | NUMBER OF DAYS <i>2</i> | DOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD | NUMBER OF DAYS <i>0</i> | OTHER: A.W.O.L.-DAYS <i>0</i> | LATENESS-HOURS <i>0</i> |
|--|-------------------------------|----------------------------|--|----------------------------|----------------------------------|----------------------------|

F EMPLOYEE'S OVERALL RATING
Check w. [unclear]

The overall rating is derived from the 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 may include the employee's attendance, punctuality, impact on the work of others, promptness 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.

OVERALL RATING: UNRATABLE UNSATISFACTORY CONDITIONAL GOOD VERY GOOD OUTSTANDING

G SUPERVISOR'S JUSTIFICATION FOR OVERALL RATING

Additional comments on factors that impact performance rating should be included here.
AN OVERALL RATING OF UNSATISFACTORY, UNRATABLE, AND/OR CONDITIONAL REQUIRES A COMMENT/JUSTIFICATION

H SUPERVISOR'S PLANS AND RECOMMENDATIONS

- Plans to improve employee's performance:
- Plans and recommendations to capitalize upon employee's strengths:
- Plans and recommendations to change conditions:
- Supervisor's comments of appraisal interview:

I End of Rating Period:

| | | |
|---|--|--------------------------|
| Supervisor's Name (PRINT) <i>SAMETH Abdelmajid</i> | Supervisor's Signature <i>[Signature]</i> | Date <i>04/27/08</i> |
| Reviewer's Name (PRINT) <i>HANAWAY, G.A.</i> | Reviewer's Signature <i>[Signature]</i> | Date <i>04 may 08</i> |

PLEASE NOTE: You should discuss promotional opportunities with the employee. The employee MUST be given a copy of this document as soon as he/she signs it. All those signing this form MUST be notified of any changes made on this document.

EMPLOYEE'S STATEMENT: My signature below indicates only that my evaluation has been discussed with me, and that I have received a copy of the evaluation on this date. This does not necessarily indicate my agreement with the contents of this evaluation.

Arthur Aaronson *[Signature]* *4/27/08*
Employee's Signature Date

PLEASE SUBMIT ORIGINAL OF THIS DOCUMENT TO THE PERFORMANCE EVALUATION UNIT

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.