

**DEPARTMENT OF TRANSPORTATION  
NONMANAGERIAL TASKS AND STANDARDS AND PERFORMANCE EVALUATION FORM  
FROM: JANUARY 1 TO: DECEMBER 31, 2009**

<b>DIVISION: Staten Island Ferry</b>	<b>WORK UNIT:</b> 3101
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**A EMPLOYEE INFORMATION**

<b>EMPLOYEE'S NAME (Last name, First name)</b>  RUSSELL, DONALD	<b>EMPLOYEE I.D. NUMBER</b>  [REDACTED]	<b>CIVIL SERVICE TITLE</b>  MATE
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**B EMPLOYEE PERFORMANCE RATING**

<b>TASK NO.</b> 1	<b>TASK DESCRIPTION:</b> Directs the activities of all Deck Personnel and Attendants..
<b>STANDARD (S):</b> 1) Frequently examines stations to determine whether cleanliness requirements are being maintained. 2) Constantly ensures that stations are properly maintained, patrolled regularly, and all assignments completed in a timely manner.	
<b>TASK RATING:</b> <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	

<b>TASK NO.</b> 2	<b>TASK DESCRIPTION:</b> Controls Deck Personnel during docking and undocking of vessel.
<b>STANDARD (S):</b> 1) Ensures that Deckhands raise and lower gates at the proper time for debarking/embarking of passengers and vehicles. 2) After making all necessary checks, signals that Assistant Captain indicating that vessel is free to get underway.	
<b>TASK RATING:</b> <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	

*Copy*

<b>TASK NO.</b> 3	<b>TASK DESCRIPTION:</b> Inspects vessel's fire and safety equipment.
<b>STANDARD (S):</b> 1) Inspects vessel's deck fire, safety and lifesaving equipment when vessel has been out of service with no crew onboard for more than four hours. 2) Ensures that the vessel's deck fire, safety and lifesaving equipment is in tact for the next watch.	
<b>TASK RATING:</b> <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	

<b>TASK NO.</b>	<b>TASK DESCRIPTION:</b>
<b>STANDARD (S):</b>	
<b>TASK RATING:</b> <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	

<b>TASK NO.</b>	<b>TASK DESCRIPTION:</b>
<b>STANDARD (S):</b>	
<b>TASK RATING:</b> <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	

**C Signatures**

**Agreement of Tasks & Standards at beginning of Rating Period:**

<b>SUPERVISOR'S NAME (PRINT)</b> <i>Rolyn Sandoz</i>	<b>SUPERVISOR'S SIGNATURE</b> [REDACTED]	<b>DATE</b> <i>05 Aug 2010</i>
<b>I HAVE SEEN AND UNDERSTAND THE ABOVE TASKS &amp; STANDARDS &amp; I UNDERSTAND I WILL RECEIVE A COPY OF THIS SIGNED FORM.</b>	<b>EMPLOYEE'S SIGNATURE</b> [REDACTED]	<b>DATE</b> <i>11 MAY 2010</i>

**SUPERVISOR'S INFORMATION**

<b>SUPERVISOR'S NAME</b> ROBERT SPENDER	<b>CIVIL SERVICE TITLE</b> CAPTAIN
<b>DIVISION/UNIT SUPERVISED</b> FERRY	<b>OFFICE TELEPHONE</b> [REDACTED]

**ABSENCE CONTROL INFORMATION**

<b>UNDOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD</b>	<b>ABSENCE INSTANCES</b> 8	<b>NUMBER OF DAYS</b> 9	<b>DOCUMENTED SICK LEAVE FOR THIS EVALUATION PERIOD</b>	<b>NUMBER OF DAYS</b> 1	<b>OTHER: A.W.O.L.-DAYS</b> <input checked="" type="checkbox"/>	<b>LATENESS-HOURS</b> <input checked="" type="checkbox"/>
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**EMPLOYEE'S OVERALL RATING**

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

**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

**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:
4. Supervisor's comments of appraisal interview:

**End of Rating Period:**

<b>Supervisor's Name (PRINT)</b> ROBERT SPENDER	<b>Supervisor's Signature</b> [REDACTED]	<b>Date</b> 05/14/2010
<b>Reviewer's Name (PRINT)</b> DAVID ORAVETS	<b>Reviewer's Signature</b> [REDACTED]	<b>Date</b> 5/14/2010

**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.

[REDACTED SIGNATURE]      13 MAY, 2010  
 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.

EMPLOYEE PERFORMANCE EVALUATION SHEET  
FROM: JANUARY 1 TO: DECEMBER 31, 2005

DIVISION: Passenger Transport - SI Ferry	WORK UNIT: 3101
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EMPLOYEE INFORMATION		
EMPLOYEE'S NAME Russell, Donald	WORK LOCATION 1 Bay Street	DATE ASSIGNED TO PRESENT UNIT 8/21/05
EMPLOYEE I.D. NUMBER	CIVIL SERVICE TITLE Mate	CIVIL SERVICE STATUS <input type="checkbox"/> PERM <input type="checkbox"/> PROV <input type="checkbox"/> LABOR CLASS <input type="checkbox"/> NON-COMP

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

TASK NO. 1	ASK 1	O.1	<b>TASK DESCRIPTION:</b> Directs the activities of all Deck Personnel and Attendants..
<b>ACTUAL PERFORMANCE:</b> Frequently examines stations to determine whether cleanliness requirements are being maintained. Constantly ensures that stations are properly maintained, patrolled regularly, and all assignments completed in a timely manner.			
<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. 2	ASK 2	O.1	<b>TASK DESCRIPTION:</b> Controls Deck Personnel during docking and undocking of vessel.
<b>ACTUAL PERFORMANCE:</b> ) Ensures that Deckhands raise and lower gates at the proper time for debarking/embarking of passengers and vehicles. ) After making all necessary checks, signals that Assistant Captain indicating that vessel is free to get underway.			
<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. 3	ASK 3	NO.	<b>TASK DESCRIPTION:</b> Inspects vessel's fire and safety equipment.
<b>ACTUAL PERFORMANCE:</b> ) Inspects vessel's deck fire, safety and lifesaving equipment when vessel has been out of service with no crew onboard for more than four hours. ) Ensures that the vessel's deck fire, safety and lifesaving equipment is in tact for the next watch.			
<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. 4	ASK 4	No.1	<b>TASK DESCRIPTION:</b> Instructs all crew members in their duties during emergencies.
<b>ACTUAL PERFORMANCE:</b> 1) Clearly describes the use and location of Station Bills. 2) Properly instructs and illustrates the use of firefighting equipment.			
<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. 5	ASK 5	No.1	<b>TASK DESCRIPTION:</b> Maintains vessel records and prepares necessary reports.
<b>ACTUAL PERFORMANCE:</b> 1) Keeps attendance sheets for crew members in a clean and precise manner. 2) Makes notations and entries into ship's log neatly and precisely, as required by regulations, to facilitate review by supervisory personnel..			
<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			

ABSENCE CONTROL INFORMATION					
DOCUMENTED 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="checkbox"/> <input type="checkbox"/>

**EMPLOYEE'S OVERALL RATING**

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, act on the work of others, promptness and speed of work, accuracy and completeness of work, decision making ability, initiative, dependability, citizenship 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).

<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					
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SUPERVISOR'S INFORMATION

SUPERVISOR'S NAME <i>T. Feock</i>	CIVIL SERVICE TITLE <i>Captain</i>
DIVISION/UNIT SUPERVISED	OFFICE TELEPHONE

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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.

Mate Russell has a good out look and follows direction well in performing all assign duties. He works well with others. He participates in training the crew in all drills and training. Mate Russell is a critical part of implementing the SMS (Safety Management System).

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SUPERVISOR'S PLANS AND RECOMMENDATIONS

1. Plans to improve employee's performance:

Mate Russell is upgrading his license and sitting for his First Class Pilot License.

2. Plans and recommendations to capitalize upon employee's strengths:

Mate Russell will do well ether onboard the ferry or management. (He should be part of the First Class Pilot Program).

3. Plans and recommendations to change conditions:

Mate Russell has a good out look and is on track.




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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

 _____ Date		<p><b>PLEASE NOTE:</b> You should discuss promotional opportunities with this employee. The employee MUST be given a copy of this document as soon as he/she signs it. All those signir this form MUST be notified of any changes made on this document</p> <p><i>03/18/2006</i>          _____          Date</p>
_____ Arthur Aaronson Reviewer's Name (Type or Print)	 _____ Date	<p><i>3/31/06</i>          _____          Date</p>
<p><i>Hawthorn G.A.</i>          _____          Manager's Name (Type or Print)</p>	<p>_____          Manager's Signature          (N/A if Supervisor/Reviewer is a Manager)</p>	<p><i>30 MAR 06</i>          _____          Date</p>
<p><b>EMPLOYEE'S STATEMENT:</b> My signature below indicates only that my evaluation and promotional opportunities have 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.</p>  _____ Date		<p><i>3-21-06</i>          _____          Date</p>

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