

EMPLOYEE PERFORMANCE EVALUATION

From: Sam DeLeon
Sent: Tuesday, June 29, 2010 5:02 PM
To: Eric Clark
Cc: Sam DeLeon
Subject: Kenneth Snyder

Eric:

I received hard copies of Mr. Snyder's evaluation in the mail. Upon further review, I have cleared up a few minor items identified in the electronic version attached. Please give me a call at your earliest convenience to discuss. Regards.

094-1385EEmploy
 Perform.xls

Samuel W. De Leon

Director Human Resources
 Kansas City Board of Public Utilities
 Office: 913.573.6915
 Mobile: 913.645.1415
 Fax: 913.573.6903
 E-Mail: deleon@bpu.com

NAME		POSITION TITLE		DATE	
Kenneth W. Snyder		Traffic Signal Technician		Tuesday, June 29, 2010 5:02 PM	
LOCATION		DEPARTMENT		EVALUATING OFFICER	
Service Center		EO Traffic Signal		Eric Clark	
REVIEWING SUPERVISOR		DATE PRESENT POSITION		DATE LAST REVIEW	
Greg DeLeon					
<p>Eric:</p> <p>I received hard copies of Mr. Snyder's evaluation in the mail. Upon further review, I have cleared up a few minor items identified in the electronic version attached. Please give me a call at your earliest convenience to discuss. Regards.</p>					
<p>094-1385EEmploy Perform.xls</p>					
<p>Samuel W. De Leon Director Human Resources Kansas City Board of Public Utilities Office: 913.573.6915 Mobile: 913.645.1415 Fax: 913.573.6903 E-Mail: deleon@bpu.com</p>					
<p>QUALITY OF WORK - THOROUGHNESS, ACCURACY AND NEATNESS OF WORK</p> <p>Mr. Snyder does not pay attention to detail when asked to complete a task. *****PLEASE PROVIDE EXAMPLE(S)*****</p>					
<p>PRODUCTIVITY - DEMONSTRATED ACCOMPLISHMENT AROUND WORKING</p> <p>Mr. Snyder is not completing tasks in a timely manner. The volume of work is unmanageable due to multiple personal calls during company time.</p>					
<p>DEPENDABILITY - CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE</p> <p>On (DATE) Mr. Snyder was asked to identify the task(s). When he completed the task(s) he was unable to properly function in the field.</p>					
<p>COOPERATION - ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATED SUPERVISORS AND OTHERS</p> <p>Mr. Snyder does not volunteer to work with others on calls during the day to day operations. He refuses to take on tasks identified in the job description.</p>					
<p>SAFETY PRACTICE - PRACTICES GOOD SAFETY HABITS</p> <p>When in the field Mr. Snyder is distracted from his work with constant personal phone calls. His constant use of his personal cell phone creates unsafe conditions for himself and for co-workers.</p>					
<p>OVERALL RATING - BASED ON ABOVE</p> <p>EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> OUTSTANDING <input type="checkbox"/></p>					
<p>B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)</p> <p>One paragraph or less that describes how you will address the areas of improvement.</p>					
<p>C. EMPLOYEE COMMENTS - Reviewer is to leave and test to be reviewed in evaluation. Further reviews are to be at the discretion of the department or higher office.</p>					
EVALUATING OFFICER SIGNATURE		DATE		REVIEWING SUPERVISOR SIGNATURE	
DATE		DATE		DATE	

SEE INSTRUCTION ON SECOND PAGE OF FORM
EMPLOYEE PERFORMANCE EVALUATION

☐ NON-EXEMPT

NAME Kenneth W. Snyder		POSITION TITLE Traffic Signal Technician		DATE From: _____ Sent: _____	
LOCATION Service Center		DEPARTMENT EO Traffic Signal		DIVISION Electric Operations and Tech.	
EVALUATING OFFICER Eric Clark		REVIEWING SUPERVISOR Greg Degraeve		DATE PRESENT POSITION _____ DATE LAST REVIEW _____	
CHECK ONE <input checked="" type="checkbox"/> PROBATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER (EXPLAIN)		CHECK APPLICABLE BOX <div style="text-align: center; font-weight: bold; font-size: 1.2em;">U F G E O</div>			
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.		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS: Mr. Snyder does not pay attention to detail when asked to complete a task. *****PLEASE PROVIDE EXAMPLE(S)*****		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
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 calls during company time.		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION COMMENTS: On (DATE), Mr. Snyder was asked to (identify the task/job). When he completed the (?) it was unable to properly function in the field.		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS COMMENTS: Mr. Snyder does not volunteer to work with others on calls during the day to day operations. He refuses to take on tasks identified in the job description.		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS COMMENTS: When in the field, Mr. Snyder is distracted from his work with constant personal phone calls. His constant use of his personal cell phone creates unsafe conditions for himself and for co-workers.		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
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	

INSTRUCTIONS

Complete Form No. 094-1385 (03/05) for all non-exempt and non-represented hourly employees as follows:

1. PROBATION - Review each probationary employ every 30 days.
2. SEMI-ANNUAL - Midyear review to evaluate progress of employee may be performed if an employee receives and unfavorable evaluation.
3. ANNUAL REVIEW - All employees are reviewed once a year during their anniversary month. (The month in which the employee assumed his current position.)
4. OTHER - When performance falls considerably below standard, and probationary status or disciplinary action is considered or when special achievement is to be noted.

SUPERVISOR - Complete Section A "Performance Characteristic" indicate the level of performance for each characteristic by checking the appropriate box, and B "Development Plan for Improvement."

EMPLOYEE - Complete Section C "Employee Comments."

DEFINITION FOR RATING TO BE APPLIED:

- | | |
|-------------------------------------|---|
| "U" - Unsatisfactory | -Many job tasks unrealized or many tasks not performed. (You must attach supporting documentation.) |
| "F" - Fair
(Below Standard) | -Accomplished some jog tasks or performed some tasks assigned or performed with ability. |
| "G" - Good
(Standard) | -Accomplished substantially all job tasks or performed all tasks assigned. |
| "E" - Excellent
(Above Standard) | -Accomplished all job tasks or performed all tasks and excelled in some (You must attach supporting documentation.) |
| "O" - Outstanding | -Accomplished all job tasks or performed all tasks and excelled in a substantial manner. (You must attach supporting documentation) |

ESTIMATE OF EMPLOYEE'S ALL-AROUND PERFORMANCE - Check the box which most adequately describes overall performance. Keep in mind that in spite of some individual Performance Characteristic being either exemplary or poor, his overall performance may be somewhat different.

B. DEVELOPMENT PLAN - Recognizing the incumbent's strengths, weaknesses and potential, indicate plans for future development the employee can pursue for self improvement.

C. EMPLOYEE COMMENTS - Employees should describe how well they feel they are progressing and area(s) in which they require training and/or assistance.

APPROVALS: The Performance Evaluation is reviewed by at least one level of supervision above the evaluating officer. Further reviews are to be at the discretion of the department head or higher management.