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### Reichel Foods, Inc. Employee Performance Review

EMPLOYEE INFORMATION					
Name: Sokhavy Ly - 90 day	Due Date: 8/31/2020				
Job Title: Tray filler	Employee Start Date: 5/13/2020				
Department: MV1	Supervisor/Manager: Bunthy Douk				
Review Period 5/13/2020 to 9/13/2020	Raise Recommended? Yes / <input checked="" type="checkbox"/> No How much? _____				
RATINGS					
	1 = F Poor	2 = D Fair	3 = C Satisfactory	4 = B Good	5 = A Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - Learn how to fill produce, but still working on components</i>					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - Does an ok job filling up but needs to catch up with the line</i>					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - 1 call in/0 tardy</i>					
<b>Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - No Safety Violation but needs more training</i>					
<b>Food Safety/GMP Compliance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - No Food Safety Violation or GMPs, but needs more training</i>					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - Some Language barrier - but follows direction ok</i>					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - No Major issue with working with others</i>					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments - Willing to helpout other lines but needs to keep the pace</i>					
<b>Overall Rating</b> (average the rating numbers above)			<b>3.0</b>		
EVALUATION					
ADDITIONAL COMMENTS					
GOALS (as agreed upon by employee and manager) Help Maintain waste and light weight on MV1 and Orics 6 and continue to help reduce any scrap and no GMP violations					
VERIFICATION OF REVIEW					
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>					
Employee Signature	Date 09.15.2020				
Supervisor/Manager Signature	Date 9/15/20				
OFFICE USE ONLY					
Raise Amount:	Prev. Raise Amt:	Date:	Reason:		
New Wage:	Prev. Raise Amt:	Date:	Reason:		
Effective Date of New Wage:	Prev. Raise Amt:	Date:	Reason:		
Accounting Signature					