



*W/M*

### Reichel Foods, Inc. Employee Performance Review

**EMPLOYEE INFORMATION**

|                                      |   |
|--------------------------------------|---|
| Name: Thuy Nguyen- 90 day            | Due Date: 8/31/2020   |
| Job Title: Cartoner                  | Employee Start Date: 5/13/2020  |
| Department: MV2                      | Supervisor/Manager: Sam Chea  |
| Review Period 5/13/2020 to 9/13/2020 | Raise Recommended? No <input type="checkbox"/> How much? <input type="checkbox"/> |

**RATINGS**

|  | 1 = F<br>Poor            | 2 = D<br>Fair            | 3 = C<br>Satisfactory    | 4 = B<br>Good                       | 5 = A<br>Excellent                  |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <b>Job Knowledge</b><br><i>Fully trained on filling produce and some areas of pack off</i>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Work Quality</b><br><i>Fills produce to correct weights, able to keep pace with the lines</i>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Attendance/Punctuality 0 call in/0 tardy</b><br><i>Attendance is excellent, here on time everyday prepared to work.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Safety</b><br><i>Works in a safe manner, no incidents documented</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Food Safety/GMP Compliance 0 GMP</b><br><i>Has a good understanding of Food Safety and GMP's, No violations</i>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Communication/Listening Skills</b><br><i>Takes direction well from Leads &amp; Supervisors</i>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Initiative</b><br><i>Puts forth effort the effort to make sure</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Dependability</b><br><i>can be counted on</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Overall Rating 4.7</b>  |                          |                          |                          |                                     |                                     |

**EVALUATION**

showing growth and improvement on filling produce and some areas in the pack off, overall trending in the right direction

GOALS : *Strive for Zero GMP violations for the rest of the year, keep break room and rest room clean at all times, commit to reducing or eliminating scrap wherever possible. Continue to train and fine tune skills for rotational purposes*

**VERIFICATION OF REVIEW**

*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.*

|  |             |
|--|-------------|
| Employee Signature <i>Thuy Nguyen</i>        | Date 9/2/20 |
| Supervisor/Manager Signature <i>Sam Chea</i> | Date 9/2/20 |

**OFFICE USE ONLY**

|                             |                  |       |         |
|-----------------------------|------------------|-------|---------|
| Base Amount: <i>0 deny</i>  | Prev. Raise Amt: | Date: | Reason: |
| New Wage: <i>10.00</i>      | Prev. Raise Amt: | Date: | Reason: |
| Effective Date of New Wage: | Prev. Raise Amt: | Date: | Reason: |

Accounting Signature