



OK

Reichel Foods, Inc. Employee Performance Review

SQ0012FO
R: 2
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EMPLOYEE INFORMATION

Name Mudhafar Afram

Due Date 3/18/2011

Job Title Production

Date 3/7/2011

Department Production

Supervisor/Manager Jamie Sorensen

Review Period 11/1/11 to 3/7/2011

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments</i>					
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					

Overall Rating (average the rating numbers above)

4

EVALUATION

ADDITIONAL COMMENTS

dependability

Very strong work ethic and initiative and

GOALS

(as agreed upon by employee and manager)

Learn some more of machine operator skills and some like leader duties.

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

Date

3/15/11

Manager Signature

Date

3/15/11

**Payroll/Status
Change Notice**

Employment Agency
CMG

Effective Date 11/1/11

Employee Ahram Mudhafar
Last First Middle

Department Production

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>9.00</u> Per <u>hr</u>	\$ <u>9.50</u> Per <u>hr</u>
<input type="checkbox"/> Other	\$ _____ Per _____	\$ _____ Per _____

Reason For Change(s)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Demotion | <input checked="" type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Other | | |

Leave of Absence

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Military | <input type="checkbox"/> Family Leave | |
| <input type="checkbox"/> Other | | |

Comments: _____

Office Use Only:

Last 3 Pay Increase (Date, From/To Amount, & Reason):

Date: 12/17/10 From: \$ 8.00 To: \$ 9.00 Reason: _____

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

Change Authorized By: M. S. Mahmud Date: 11/1/11

Change Approved By RF: [Signature] Date: 11/2/11

Change Approved By Agency: [Signature] Date: 11/3/11

[Signature]

[Signature]



OK

Reichel Foods, Inc. Employee Performance Review

Name: Mudhafar Afram		Due Date 11/1/2011	
Job Title: Production		Date 10/18/2011	
Department: Production		Supervisor/Manager: Jeff Ramaker	
Review Period	11/1/2010 to 11/1/2011	Raise Recommended?	(Y) N How much? \$0.50/hr.

	1=Poor	2=Fair	3=Satisfactory	4=Good	5=Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

ADDITIONAL COMMENTS Very dependable, Attendance is perfect,

GOALS (as agreed upon by employee and manager) effective immediately. Begin training new hire suppliers,

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		Date	1-11-11
Supervisor/Manager Signature		Date	11-1-11