

* Will receive another review on 8/18/12 to get caught up to 1yr

OK



Reichel Foods, Inc. Employee Performance Review

EMPLOYEE INFORMATION						
Name: One Thammavong	Due Date 2/23/2012					
Job Title: Production	Employee Start Date 2/23/2007 8/18/08					
Department Production	Supervisor/Manager Isabel Martinez					
Review Period 2/23/2011 to 2/23/2012	Raise Recommended? Y / N How much? .50¢					
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"/>	
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 checked="" type="checkbox"/>	<input 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)						
EVALUATION						
ADDITIONAL COMMENTS Good Worker, she here every day						
GOALS (as agreed upon by employee and manager) Keep Monitor Gmp, Weight, Waste.						
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	One Thammavong				Date	2-28-12
Supervisor/Manager Signature					Date	2-28-12

All set



Reichel Foods, Inc. Employee Performance Review

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EMPLOYEE INFORMATION

Name	One Thammavong	Due Date	7/17/09
Job Title	Production	Date	7/2/09
Department	Operations	Supervisor/Manager	Isabel Martinez
Review Period	7/2/08 to 7/2/09		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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)	3.5				

EVALUATION

ADDITIONAL COMMENTS

good worker, quit and she here every day.

GOALS

(as agreed upon by employee and manager)

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>Isabel Martinez</i>	Date	7-2-09
Manager Signature	<i>One Thammavong</i>	Date	7/2/09

UE 7/2/09



COPY

Reichel Foods, Inc. Employee Performance Review

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EMPLOYEE INFORMATION					
Name	One Thammavong	Due Date	1-31-11		
Job Title	Production	Date	1-17-11		
Department	Production	Supervisor/Manager	Isabel Martinez		
Review Period	1-17-10 to 1-17-11				
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 checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)					
EVALUATION					
ADDITIONAL COMMENTS					
<i>Does a good job, she is here everyday.</i>					
GOALS (as agreed upon by employee and manager)					
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	<i>One Thammavong</i>			Date	<i>1-21-11</i>
Manager Signature	<i>[Signature]</i>			Date	<i>1-21-11</i>

Payroll/Status Change Notice

Employment Agency

CMG

Effective Date 7/18/11

Employee Thammavong One
Last First Middle

Social Security #: _____ Dept.: _____

Employee/Payroll Number _____

Change(s)

	From	To (or New Hire)
Department	\$ <u>8.50</u> Per <u>hr</u>	\$ <u>9.50</u> Per <u>hr</u>
Job Title	\$ _____ Per _____	\$ _____ Per _____
Shift	\$ _____ Per _____	\$ _____ Per _____
<input checked="" type="checkbox"/> Salary/ Wage	\$ _____ Per _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

Reason For Change(s)

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Demotion | <input checked="" type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired |
| <input type="checkbox"/> Dismissal | <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: _____

Change Authorized By: [Signature] Date: 7/18/11

Change Approved By RF: [Signature] Date: 7/19/11

Change Approved By Agency: [Signature] Date: 7/20/11

**Payroll/Status
Change Notice**

Employment Agency

CM6

Effective Date 2,28,12

Employee Thammadong One
Last First Middle

Department Production

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>9.50</u> Per <u>hr</u>	\$ <u>10.00</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 | * Will receive another review on 8/18/12 | |

Comments: to get caught up to year date!

Office Use Only: Started ~~7/18/11~~ 8/18/08

Last 3 Pay Increase (Date and From/To Amount):
Date: 7/18/11 From: \$ 850 To: \$ 950 Reason: e-mail request
Date: 4/8/10 From: \$ 800 To: \$ 850 Reason: per. AIFONSO
Date: 9/17/07 From: \$ 750 To: \$ 800 Reason: _____

Change Authorized By: M. Selman Date: 2,28,12

Change Approved By RF: Campbell Date: 3,2,12

Change Approved By Agency: Jewell Thoms Date: 3,5,12

Jewell

Asst 3/2/12