



**PAYROLL DEDUCTION AUTHORIZATION**

I, Saroen Nheb (Employee) acknowledge that I owe Employer Solutions Staffing Group for the following:

- A payroll advance in the amount of \$ 22.00
  - this advance will be paid back over the next \_\_\_\_\_ check(s)
- Uniform Deduction in the amount of \$ \_\_\_\_\_
  - this uniform deduction is weekly
  - this uniform deduction is a one-time deduction
- Other one-time deduction for 22.00 in the amount of \$ 22.00

I hereby authorize Employer Solutions Staffing Group to deduct the above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I hereby authorize any unpaid amounts to be deducted in full from my final paycheck.

Dated: 3/22/20

Signed: [Signature]

Printed Name: Saroen Nheb

FAXED on: 8/18/08  
by: ES

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 08/18/2008  
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Case Verification Number: 2008231124714RP

**Initial Verification:**

Last Name:	Nheb	First Name:	Saroeun
Middle Initial:		Maiden Name:	
Social Security Number:	731-12-9138	Date of Birth:	06/10/1957
Hire Date:	08/15/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	059792498	I-94 Number:	
Card Number:	WAC0810150865		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	08/18/2008

**Initial Verification Results:**

Last Name:	NHEB	First Name:	SAROEUN
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By:	Referral Date:
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**Verification Response:**

Eligibility:	Response Date:
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**SSA Resubmittal:**

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Initiated By:	Initiated On:

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:	
Initiated By:	Initiated On:

**Verification Response:**

Eligibility:	Response Date:
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**DHS Referral:**

Referral By:	Referral Date:
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**DHS Referral Results:**

Eligibility:	Response Date:
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**Case Resolution:**

Resolve Option:	Resolved Authorized		
Resolved By:	ESAG1816	Resolved On:	08/18/2008





# Reichel Foods, Inc. Employee Performance Review

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## EMPLOYEE INFORMATION

Name	Saroeun Nheb	Due Date	6/1/09
Job Title	Production	Date	5/18/09
Department	Operations	Supervisor/Manager	Jay Janssen
Review Period	8/15/08 to 5/18/09		

## RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Knows her job				
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Quality of work is good				
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Attendance is good				
<b>Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Works Safely				
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Language barrier a hindrance.				
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> (average the rating numbers above)	3.3				

## EVALUATION

ADDITIONAL COMMENTS  
She is a good employee.

GOALS  
(as agreed upon by employee and manager)  
Keep working to improve.

## 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	6/1/09
Manager Signature		Date	6/1/09



COPY

Reichel Foods, Inc. Employee Performance Review

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EMPLOYEE INFORMATION					
Name	Saroeun Nheb	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
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> (average the rating numbers above)					
EVALUATION					
ADDITIONAL COMMENTS <i>Very quiet.. But works very good.. Knows what she is doing - Keeps busy <del>at</del> at all time...</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>[Signature]</i>	Date	1-21-11		
Manager Signature	<i>[Signature]</i>	Date	1-21-11		

Had a review 1/17/11 - This is one year later!  
 "caught up"

OK

9 to 9.50



**Reichel Foods, Inc. Employee Performance Review**

EMPLOYEE INFORMATION					
Name: Saroeun Nheb	Due Date 8/15/2011				
Job Title: Production	Date 8/1/2011				
Department: Production	Supervisor/Manager Isabel Martinez				
Review Period	8/15/2010	to	8/15/2011		
RATINGS					
	1=Poor	2=Fair	3=Satisfactory	4=Good	5=Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> (average the rating numbers above)					
EVALUATION					
ADDITIONAL COMMENTS <i>Does a great job.</i>					
<i>Stays busy at all times</i>					
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>NSaw</i>	Date	8-10-11		
Supervisor/Manager Signature	<i>[Signature]</i>	Date	8-10-11		

*Use 8/10/11*



OK

### Reichel Foods, Inc. Employee Performance Review

EMPLOYEE INFORMATION					
Name: Saroeun Nheb	Due Date: 8/15/2012				
Job Title: Production	Employee Start Date: 8/15/2008				
Department: Production	Supervisor/Manager: Isabel Martinez				
Review Period 8/15/2011 to 8/15/2012	Raise Recommended? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N How much? <u>50</u>				
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	<i>Knows responsibility</i>				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Points any issue</i>				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Available to work everyday, stays late if needed work on Wednesdays.</i>				
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Follows safety procedure</i>				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Demonstrates to Understands instructions</i>				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Performs Normal Duties with little Supervision Self-Starters</i>				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<i>Meet work Schedules very responsible.</i>				
Overall Rating (average the rating numbers above)					
EVALUATION					
ADDITIONAL COMMENTS					
<i>Feed Carton conveyor</i>					
GOALS (as agreed upon by employee and manager)					
<i>Keep following GMP. Monitor Waste, Quality</i>					
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>nsan</i>			Date	<i>8-31-12</i>
Supervisor/Manager Signature	<i>[Signature]</i>			Date	<i>8-31-12</i>

OK 9/7/12



Reichel Foods, Inc.  
Employee Warning Notice

Employee Information

Date: 1-13-17  
Employee Name: SAROEN NHEB  
Job Title: PACK OFF AREA ORICS 6  
Manager/Supervisor: RIKK NELSON

Type of Warning

- Verbal Warning
- Written Warning
- Final Warning

Type of Offense

- Tardiness/Leaving Early
- Absenteeism
- Violation of Company Policies
- Substandard Work
- Violation of Safety Rules
- Rudeness to Customers/Coworkers
- Other

Details

Description of Incident (Describe incident and list the date, time, and any witnesses present)  
PRODUCT PACKAGED THAT WAS MISSING BACKCARDS, BLANK BACKCARDS AND PACKED 11 TRAYS PER BOX

Plan for Improvement:  
MAKE IT HABIT TO GRAB 6 TRAYS AT A TIME TO FILL THE SHIPPERS. WHEN WORKING IN TAPER POSITION, DO A VISUAL CHECK ON EVERY BOX

Consequences of Further Infractions:  
WRITTEN WARNING

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager/supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

x Saroan Mneb 1-13-17  
Employee Signature Date

Rikk Nelson 1-13-17  
Manager/Supervisor Date

Witness Signature (if employee understands warning but refuses to sign) Date

*[Handwritten signature]*