

**Payroll/Status
Change Notice**

Employment Agency

CMB

Effective Date 1/16/12

Employee Sam Nim
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"/> Reired |
| <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: Started 1/15/07

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

Date: 3/13/11 From: \$ 900 To: \$ 950 Reason: _____

Date: 4/19/10 From: \$ 850 To: \$ 900 Reason: _____

Date: 4/20/09 From: \$ 800 To: \$ 850 Reason: _____

Change Authorized By: [Signature] Date: 1/16/12

Change Approved By RF: [Signature] Date: 1/20/12

Change Approved By Agency: [Signature] Date: 1/30/12

[Signature]

[Signature]

[Signature]



OK

Reichel Foods, Inc. Employee Performance Review

EMPLOYEE INFORMATION					
Name: Nim Sin	Due Date: 1/15/2012				
Job Title: Production	Date: 12/23/2011				
Department: Production	Supervisor/Manager: Rick Nelson				
Review Period	1/15/2011	to	1/15/2012	Raise Recommended? <u>Y/N</u>	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)	3.57				
EVALUATION					
ADDITIONAL COMMENTS					
GOALS (as agreed upon by employee and manager)					
Teach others to take initiative					
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	<u>nim sin</u>	Date	<u>nim sin</u>		
Supervisor/Manager Signature	<u>Rick Nelson</u>	Date	<u>1-16-12</u>		

OKMS
1/16/12

Job Description Tray Filler

SUMMARY

Responsible for filling empty trays with product and verifying product is inside the compartment, and sorting out defective product.

PRIMARY RESPONSIBILITIES

1. **Personal Protective Equipment Required (PPE):** ear plugs, hairnet, hood, disposable apron, disposable sleeves, white vinyl gloves, clean smock, and disposable boots. Sanitize sleeves and gloves every 15 minutes. Comply with product contact GMPs (QA0183WI Good Manufacturing Practices).
2. Slide product from hopper into the empty trays on the conveyor ensuring each tray has proper volume of product.
3. Inspect product for defective pieces and discard questionable or unacceptable product into the clear garbage bag.
4. Adhere to company Employee Hygiene Practices, company food safety procedures and GMPs.
5. Other duties as assigned by the Assistant Supervisor and Production Supervisor.

PHYSICAL ENVIRONMENT/WORKING CONDITIONS

This position is in a manufacturing environment and will involve standing for long periods of time, working in temperatures less than 50 Degrees Fahrenheit. repetitive hand movements, and occasional lifting of up to 10 lbs.

EQUIPMENT AND MACHINERY USED

None

TRAINING REQUIREMENTS

New Employee Orientation and on the job training.

SIGNATURES

Signatures below constitute employee's understanding of the responsibilities and requirements of the position and Supervisor's verification that the employee is competent to complete the required tasks.

NIM SIN
Employee Printed Name

NIM SIN
Employee Signature

09-17-13
Date

[Signature]
Supervisor Signature



Reichel Foods, Inc. Employee Performance Review

COPY

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EMPLOYEE INFORMATION
Name Nim Sin Due Date 1-31-11
Job Title Production Date 1-17-11
Department Production Supervisor/Manager Rick Nelson
Review Period 1-17-10 to 1-17-11
RATINGS
Job Knowledge 1= Poor 2= Fair 3= Satisfactory 4= Good 5= Excellent
Work Quality
Attendance/Punctuality
Safety
Communication/Listening Skills
Initiative
Dependability
Overall Rating (average the rating numbers above) 3.42
EVALUATION
ADDITIONAL COMMENTS
GOALS
VERIFICATION OF REVIEW
Employee Signature + NIM SIN Date 02-24-11
Manager Signature Rick Nelson Date 1-18-11

Del 3/4/11



Reichel Foods, Inc. Employee Performance Review

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EMPLOYEE INFORMATION

Name	Nim Sin	Due Date	7/24/09
Job Title	Production	Date	7/10/09
Department	Operations	Supervisor/Manager	Rick Nelson
Review Period	7/10/08 to 7/10/09		

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)	3.14				

EVALUATION

ADDITIONAL COMMENTS

GOALS

(as agreed upon by employee and manager)

Learning more english will help her at work

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>X NIM SIN</i>	Date	<i>7 23 09</i>
Manager Signature	<i>R Nelson</i>	Date	<i>7-23-09</i>

De 7/24/09



EMPLOYEE WARNING REPORT

Employee: Nim Sin		
Social Security #	Client Co.	Dept.
Warning Date	Violation Date	
Violation Time	Violation Place	

VIOLATION	VIOLATION
Alcohol/Drug Abuse <input type="checkbox"/>	Insubordination <input type="checkbox"/>
Attendance <input type="checkbox"/>	Safety Violation <input type="checkbox"/>
Behavior <input type="checkbox"/>	Tardiness <input type="checkbox"/>
Conduct <input type="checkbox"/>	Unsatisfactory Work <input type="checkbox"/>
Policies and Procedures <input type="checkbox"/>	Work Rule <input type="checkbox"/>
Fighting <input type="checkbox"/>	Other: <input type="checkbox"/>

COMPANY STATEMENT		
Description of incident: _____		

By: _____	Title: _____	Date: _____

EMPLOYEE STATEMENT	
<input checked="" type="checkbox"/> I agree with the company statement	<input type="checkbox"/> I do not agree with the company statement
Employee Comments: I do not speak English and had Sarmorn Roth call in for me. She didn't leave a message. Sarmorn gives me a ride to work everyday. Next time, I will try to find another ride to work. If I cannot, I will have her (Sarmorn) leave a message for the supervisors for me.	
Employee Signature: NIM SIN	Date: 4/12/07

* Verbal warnings do not require the employee's signature. Written warnings must be signed by the employee. Reports of both verbal and written warnings must be filed in the employee's file. It is not necessary to give the employees a copy of the verbal reports. Employees must be given a copy of written warning reports.