

PAYROLL CHANGE REPORT

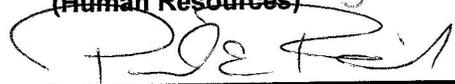
Today's Date: <u>11/28/2016</u>	Effective Date: <u>12/19/2016</u>
Hire Date: <u>6/24/2016</u>	Hours Worked: <u>1040/6 month</u>
Employee's Name: <u>Ajwara Ojulu</u>	
Department: <u>IQF</u>	

CHANGE (S)		FROM	TO
X	Rate	\$9.75 10.00	\$16.50 25
	Shift Differential		
	Total	\$9.75 10.00	\$16.50 25

New
10.50
New
10.50
New

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	480 HRS	6 Month	1 Year	1 1/2 Year	2 Year	Annual
Merit Increase (level 2)						
Other						

ADDITIONAL COMMENTS

Authorized by: <u></u>	Date: <u>12/6/16</u>
Guideline verified: <u>Nichol Wriggle</u>	Date: <u>12-6-16</u>
<u></u>	Date: <u>12/6/16</u>



your workforce management & staffing experts

12-19
1 absence
x 25

3month/6month Evaluation

Employee Name: <u>Ajwara Ajulu</u>	Department: <u>Dimension</u>
Job Title:	Hire Date: <u>6-24-14</u>
Supervisor: <u>Matt Heater</u>	Evaluation Period: <u>6 mo</u>

Tasks	Criteria	Acceptable	Needs Improvement	Not Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Notifies supervision in advance if unable to report to work as scheduled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	• Effectively exchanges information, written or verbal, with all types of personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	• Able to grasp new concepts and applies them to the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Demonstrates technical understanding of the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Asks questions to confirm understanding of concepts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	• Operates systems and equipment properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and QA- Food Safety Awareness	• Follows all Safety policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Watches out for others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows all QA & Food Safety Awareness policies & procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• Able to get along with others and help them complete tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Does work without being constantly reminded	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Fits into the norms and expectations of the organization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <i>No</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>No</i>	If obstacles or barriers exist, what has been done to eliminate them?

For Employees at their 3 month and 6 month milestone, please mark one:

- Employee is making progress and meeting performance expectations
- Employee is not making progress and is not meeting performance expectations

Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> <i>Doing a good job, keep it up!</i> <i>F.25</i>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>AIO</i>	Date:
Supervisor Signature: <i>[Signature]</i>	Date: <i>12-14-16</i>