



30-90 Evaluation for Employees in a New Position

Employee Name: Austin Ketcham	Department: Danish
Job Title: Production	Hire Date: 05/15/14
Supervisor: Miguel Q.	Evaluation Period: 30 Day

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	<ul style="list-style-type: none"> Reports for all scheduled shifts at the scheduled start time 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Notifies supervision in advance if unable to report to work as scheduled 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<ul style="list-style-type: none"> Effectively exchanges information, written or verbal, with all types of personnel 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Communicates information accurately, timely, and respectfully 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	<ul style="list-style-type: none"> Able to grasp new concepts and applies them to the job 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Demonstrates technical understanding of the job 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Operates systems and equipment properly 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Follows work procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Amount of rework minimal 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Follows through on tasks 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and QA-Food Safety Awareness	<ul style="list-style-type: none"> Follows all Safety policies 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Watches out for others 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Foillows all QA & Food Safety Awareness policies & procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	<ul style="list-style-type: none"> Able to get along with others and help them complete tasks 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Does work without being constantly reminded 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> 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>None</i>	Have additional resources/tools that the employee requested been provided? <i>None</i>
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? <i>NO</i>

For Employees at their 30-Day and 90-Day 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>Austin has learned Owens, Danish scaling, shortening press and more. He continues to improve and learn different positions.</i>
Employee Comments <i>I really like the department, and other employees.</i>

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>[Signature]</i>	Date: <i>6-16-14</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>6-16-14</i>