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

Name: Bryan Sandmeyer		Due Date: 10/4/2012			
Job Title: SAN		Employee Start Date: 10/4/2011			
Department: SAN		Supervisor/Manager: Darryl Conley			
Review Period	10/4/2011	to	10/4/2012	Raise Recommended? Y/N How much <u>1.00</u>	
	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	is skill and knowledgeable on his work				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Bryan works hard from start to finish				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	He shows up everyday on time and is ready to work				
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Improving each day on safety skills				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Listens very well and communicates good with others				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	Knows what needs to be done and he is ready when lines are down				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	I can depend on Bryan on many tasks				
Overall Rating (average the rating numbers above)	2.6				
ADDITIONAL COMMENTS Bryan is a cheerful person hard worker and is willing to help out others					
GOALS (as agreed upon by employee and manager)					
Safety First, Follow All GMP's and GSP's. Adhere to all regulatory procedures					
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	10-4-'12
Supervisor/Manager Signature				Date	10-4-12

10/9/12