

-1  
5/2/14



### 3month/6month Evaluation

|                           |                             |
|---------------------------|-----------------------------|
| Employee Name: Amadou Bah | Department: Grinding        |
| Job Title: grinder        | Hire Date: 8/20/13          |
| Supervisor: Mark L.       | Evaluation Period: 6 months |

| 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"/> |
|  | • 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | • Does work without being constantly reminded                                       | <input checked="" type="checkbox"/> | <input 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?                                | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | 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<br><i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> |
|--|
| The language barrier is the <del>the</del> only thing that we need to work on.                               |
| Employee Comments  |
|  |

*This Evaluation has been reviewed with me on this date.*

|  |                |
|--|----------------|
| Employee Signature:<br>   | Date: 04/29/16 |
| Supervisor Signature:<br> | Date: 4-28-16  |

25¢  
Raise

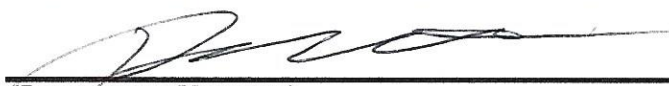
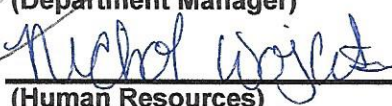
## PAYROLL CHANGE REPORT

|                                    |                                 |
|------------------------------------|---------------------------------|
| Today's Date: <u>4/26/2016</u>     | Effective Date: <u>5/2/2016</u> |
| Hire Date: <u>8/26/2015</u>        | Hours Worked: <u>6 months</u>   |
| Employee's Name: <u>Amadou Bah</u> |                                 |
| Department: <u>Grinder</u>         |                                 |

|   | CHANGE (S)         | FROM    | TO      |
|---|--------------------|---------|---------|
| X | Rate               | \$11.00 | \$11.25 |
|   | Shift Differential | \$0.50  | .50     |
|   | Total              | \$11.50 | \$11.75 |

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

| ADDITIONAL COMMENTS            |
|--------------------------------|
| <b>Amadou has one absence.</b> |

|   |                      |
|---|----------------------|
| Authorized by: <u></u><br>(Department Manager)   | Date: <u>4/27/16</u> |
| Guideline verified: <u></u><br>(Human Resources) | Date: <u>4-27-16</u> |
| <u>N/A</u><br>(GM Authorization)  | Date: _____          |