



Bakou John  
6 month Review

### 3month/6month Evaluation

|                                  |                                    |
|----------------------------------|------------------------------------|
| Employee Name: <u>John Bakou</u> | Department: <u>Packout</u>         |
| Job Title: <u>Packout</u>        | Hire Date: <u>2/26/15</u>          |
| Supervisor: <u>Mark Lieser</u>   | Evaluation Period: <u>6 months</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"/> |
|                                                      | • Follows all Safety policies                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety and QA-Food Safety Awareness                  | • 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"/> |
|                                                      | • Able to get along with others and help them complete tasks                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Work and Initiative                             | • 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:

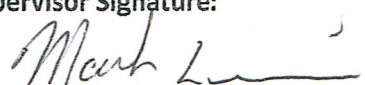
| Employee                                                              | Supervisor                                                                 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| 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

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| <b>Supervisor Comments</b><br><i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> |
| <b>Employee Comments</b>                                                                                            |

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

|                                                                                                              |                   |
|--------------------------------------------------------------------------------------------------------------|-------------------|
| Employee Signature:<br>   | Date:<br>11/18/15 |
| Supervisor Signature:<br> | Date:<br>11-18-15 |