



### 30-90 Evaluation for Employees in a New Position

Employee Name: Yogeshar Balraj	Department: Fryer
Job Title: Production	Hire Date: 8/12/15
Supervisor: Curt Raatz	Evaluation Period: 30 Day Review

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	• Able to grasp new concepts and applies them to the job	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Amount of rework minimal	<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	• Maintains production pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows all Safety policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Watches out for others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• Follows all QA & Food Safety Awareness policies & procedures	<input type="checkbox"/>	<input checked="" 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"/>
	• 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed?  <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  <p style="text-align: center;">NO</p>	If obstacles or barriers exist, what has been done to eliminate them?

**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

<p><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>FOCUS ON FOLLOWING ALL SAFETY AND QA POLICIES</p>
<p><b>Employee Comments</b></p> <p style="text-align: right;"><i>Ken J</i> <i>no. ncv...</i></p>

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

Employee Signature: <i>Jogeshu Bala</i>	Date: 9-15-15
Supervisor Signature: <i>Anty. Reart</i>	Date: 9-14-15