

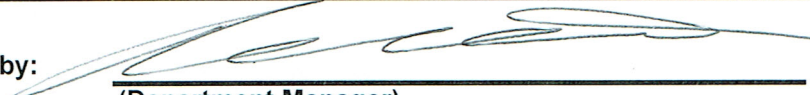
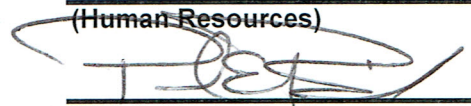
PAYROLL CHANGE REPORT

| | |
|--------------------------------------|---|
| Today's Date: <u>5/27/2015</u> | Effective Date: <u>6/8/2015</u> |
| Hire Date: <u>1/15/2015</u> | Hours Worked: <u>3 months/480 hours</u> |
| Employee's Name: <u>Harold Beals</u> | |
| Department: <u>Patties</u> | |

| CHANGE (\$) | | FROM | TO |
|-------------|--------------------|--------|--------|
| X | Rate | \$9.00 | \$9.50 |
| | Shift Differential | \$0.00 | \$0.00 |
| X | Total | \$9.00 | \$9.50 |

| REASON (S) FOR THE CHANGE (S) | | | | | | | |
|-------------------------------|---------------------------------|--------|---------|--------|------------|--------|--------|
| X | Seniority Increase (Circle One) | 90 Day | 6 Month | 1 Year | 1 1/2 Year | 2 Year | Annual |
| | Merit Increase | | | | | | |
| | Other | | | | | | |

| ADDITIONAL COMMENTS |
|---|
| Harold has zero absences. Bumping \$0.50 instead of \$1.25 for skill level 3 because Harold is struggling to learn everything in patty area. Will re-evaluate at next review. |

| | |
|--|----------------------|
| Authorized by:  _____ (Department Manager) | Date: <u>5/27/15</u> |
| Guideline verified: Nichol Wojcik (Human Resources) | Date: <u>5/27/15</u> |
|  _____ (GM Authorization) | Date: <u>5/27/15</u> |

A.D. in ADP



3month/6month Evaluation

| | |
|------------------------------------|--|
| Employee Name: <u>Harold Beals</u> | Department: <u>Patties</u> |
| Job Title: <u>Patties</u> | Hire Date: <u>1-15-15</u> |
| Supervisor: <u>Mark Lopez</u> | Evaluation Period: <u>3month / 480 hours</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 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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Follows through on tasks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <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:

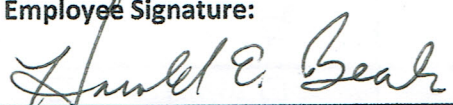
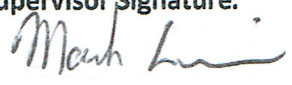
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has been done to eliminate them? |

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

| |
|---|
| <p>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> Needs to Ask more questions. HAS problems Running Line 132 with PAPER-</p> |
| <p>Employee Comments</p> |

This Evaluation has been reviewed with me on this date.

| | |
|---|---|
| <p>Employee Signature: </p> | <p>Date:</p> |
| <p>Supervisor Signature: </p> | <p>Date: 5-27-15</p> |

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