CMG
CORPORATE MANAGEMENT GROUP
"your workforce management & staffing experts"

30-90 Evaluation for Employees in a New Position

Employee Name: Brandon Anderson	Department: Flow Wrap
Job Title: Pack Out	Hire Date: 7-21-17
Supervisor: Matt Heater	Evaluation Period: 3 month

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	☑	☐	☐
	• Notifies supervision in advance if unable to report to work as scheduled	☑	☐	☐
Communication	• Effectively exchanges information, written or verbal, with all types of personnel	☑	☐	☐
	• Communicates information accurately, timely, and respectfully	☑	☐	☐
Job Skills and Ability to Learn	• Able to grasp new concepts and applies them to the job	☑	☐	☐
	• Demonstrates technical understanding of the job	☑	☐	☐
	• Asks questions to confirm understanding of concepts	☑	☐	☐
Work Quality and Ability to Follow Work Instructions	• Operates systems and equipment properly	☑	☐	☐
	• Follows work procedures	☑	☐	☐
	• Follows through on tasks	☑	☐	☐
Safety and QA-Food Safety Awareness	• Follows all Safety policies	☑	☐	☐
	• Watches out for others	☑	☐	☐
	• Follows all GMP policies & procedures	☑	☐	☐
Team Work and Initiative	• Able to get along with others and help them complete tasks	☑	☐	☐
	• Does work without being constantly reminded	☑	☐	☐
	• Fits into the norms and expectations of the organization.	☑	☐	☐

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? No	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? No	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

Supervisor Comments *(If Not-Acceptable is marked for any Task, specific examples must be provided)*
Great
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature:	**Date:**
X Brandon Anderson	
Supervisor Signature:	**Date:**

Would this employee be eligible for a wage increase? Yes: _____ No: _____

If Yes, Amount? _____ Approved by: _____ Date: _____