

▲ Rate
 AOD
 2-9, 15



Your workplace management & staffing experts™

3month/6month Evaluation for Employees in a New Position

Employee Name: Daniel Breeding	Department: Sanitation
Job Title: 3rd Shift Sanitation	Hire Date: 10-20-14
Supervisor: Tim Holt	Evaluation Period: 3 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"/>
	• Effectively exchanges information, written or verbal, with all types of personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	• Communicates information accurately, timely, and respectfully	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Applies them to the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	• 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"/>
	• Operates systems and equipment properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 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"/>
Safety and QA-Food Safety Awareness	• 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"/>
	• Does work without being constantly reminded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• 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:

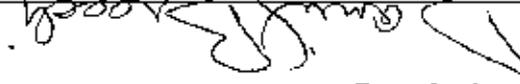
Supervisor	Employee
Have additional resources/tools that the employee requested been provided? <i>Ms. Flashlight has been provided</i>	Are additional resources/tools needed?
If obstacles or barriers exist, what has been done to eliminate them?	Are there any barriers or obstacles to successfully perform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

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> Dan is doing a good job</p>	<p>Employee Comments </p>
---	--

This Evaluation has been reviewed with me on this date.

<p>Employee Signature:  Date: 2-6-15</p>	<p>Supervisor Signature:  Date: 2-6-15</p>
--	--