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

30-90 Evaluation for Employees in a New Position

Employee Name: Chue Kue	Department: Bench
Job Title: Production	Hire Date: 10/31/14
Supervisor: Curt Raatz	Evaluation Period: 90 Day

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	☑	☐	☐
	• Amount of rework minimal	☑	☐	☐
	• Follows through on tasks	☑	☐	☐
Safety and QA-Food Safety Awareness	• Follows all Safety policies	☑	☐	☐
	• Watches out for others	☑	☐	☐
	• Follows all QA & Food Safety Awareness 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?	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 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)*
.25 CD
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature:	**Date:**
[signature]	2/4/15
Supervisor Signature:	**Date:**
[signature]	2/3/15