



### 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                      | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | • Communicates information accurately, timely, and respectfully                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Skills and Ability to Learn                      | • Able to grasp new concepts and applies them to the job                            | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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"/> |
|                                                      | • 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                  | • 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:

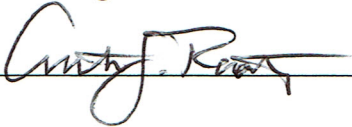
| Employee                                                              | Supervisor                                                                 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| 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 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

|                                                                                                              |                                                                                      |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Supervisor Comments</b><br>(If Not-Acceptable is marked for any Task, specific examples must be provided) |  |
| <b>Employee Comments</b>                                                                                     |                                                                                      |

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

|                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| Employee Signature:<br>   | Date:<br>2/4/15 |
| Supervisor Signature:<br> | Date:<br>2/3/15 |