



"your workforce management & staffing experts"

### 30-90 Evaluation for Employees in a New Position

|                                |                                  |
|--------------------------------|----------------------------------|
| Employee Name: Lori Lindsey    | Department: Packaging            |
| Job Title: Production          | Hire Date: 4/1/2015              |
| Supervisor: Miguel Quintanilla | Evaluation Period: 30 Day Review |

| 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 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 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 type="checkbox"/>            | <input checked="" 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?<br><br><i>None</i>                                    | Have additional resources/tools that the employee requested been provided?<br><br><i>none</i>        |
| Are there any barriers or obstacles to successfully perform the work?<br><br><i>Language</i> | If obstacles or barriers exist, what has been done to eliminate them?<br><br><i>Language barrier</i> |

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><i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i><br><i>Lori and I spoke about speeding up to catch donets and fill bismarks. she will try to stay on task more and focus on her job.</i> |
| <b>Employee Comments</b><br><i>I find this job challenging, and I like it!</i>  |

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

|  |                        |
|--|------------------------|
| Employee Signature:<br><i>Dei L. Lindsey</i> | Date:<br><i>5/7/15</i> |
| Supervisor Signature:<br><i>[Signature]</i>  | Date:<br><i>5/7/15</i> |