



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

|                                |                                      |
|--------------------------------|--------------------------------------|
| Employee Name: Moo Paw         | Department: Packaging                |
| Job Title: Production          | Hire Date: 10/7/14                   |
| Supervisor: Miguel Quintanilla | Evaluation Period: 30 Day Evaluation |

| 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      | • Demonstrates technical understanding of the job                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      | • Asks questions to confirm understanding of concepts                               | <input type="checkbox"/>            | <input checked="" 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:

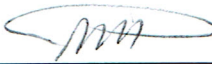
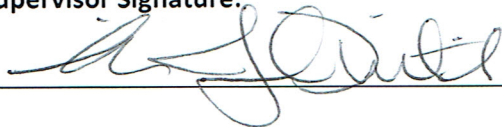
| Employee                                                                        | Supervisor                                                                           |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Are additional resources/tools needed?<br><br>no                                | Have additional resources/tools that the employee requested been provided?<br><br>NO |
| Are there any barriers or obstacles to successfully perform the work?<br><br>no | If obstacles or barriers exist, what has been done to eliminate them?<br><br>NO      |

**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

|                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Supervisor Comments</b></p> <p align="center"><i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>Moo had a few communication issues but, has now demonstrated to learn his job well. He has understand to help his co-workers and be part of the team. He still needs to improve operating the filling machines.</p> |
| <p align="center"><b>Employee Comments</b></p>                                                                                                                                                                                                                                                                                                                                      |

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

|                                                                                                              |                   |
|--------------------------------------------------------------------------------------------------------------|-------------------|
| Employee Signature:<br>   | Date:<br>11/09/14 |
| Supervisor Signature:<br> | Date:<br>11/9/14  |