



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

|                            |                                      |
|----------------------------|--------------------------------------|
| Employee Name: Dee Nawng   | Department: Commissary               |
| Job Title: Production      | Hire Date: 11/10/14                  |
| Supervisor: Chris Jacobsen | Evaluation Period: 30 Day Evaluation |

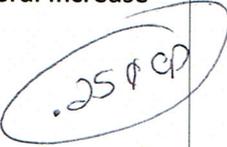
| Tasks                                                | Criteria                                                                                                                            | Acceptable                          | Needs Improvement        | Not-Acceptable           |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Attendance                                           | <ul style="list-style-type: none"> <li>Reports for all scheduled shifts at the scheduled start time</li> </ul>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Notifies supervision in advance if unable to report to work as scheduled</li> </ul>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication                                        | <ul style="list-style-type: none"> <li>Effectively exchanges information, written or verbal, with all types of personnel</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Communicates information accurately, timely, and respectfully</li> </ul>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Skills and Ability to Learn                      | <ul style="list-style-type: none"> <li>Able to grasp new concepts and applies them to the job</li> </ul>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Demonstrates technical understanding of the job</li> </ul>                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Asks questions to confirm understanding of concepts</li> </ul>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Quality and Ability to Follow Work Instructions | <ul style="list-style-type: none"> <li>Operates systems and equipment properly</li> </ul>                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Follows work procedures</li> </ul>                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Amount of rework minimal</li> </ul>                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Follows through on tasks</li> </ul>                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety and QA-Food Safety Awareness                  | <ul style="list-style-type: none"> <li>Follows all Safety policies</li> </ul>                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Watches out for others</li> </ul>                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Follows all QA &amp; Food Safety Awareness policies &amp; procedures</li> </ul>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Work and Initiative                             | <ul style="list-style-type: none"> <li>Able to get along with others and help them complete tasks</li> </ul>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Does work without being constantly reminded</li> </ul>                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | <ul style="list-style-type: none"> <li>Fits into the norms and expectations of the organization.</li> </ul>                         | <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

| Supervisor Comments                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Dee has been performing very well from first night. He also has been traing for machine operator position which he has accomplished and we will include subsequent raise for this position along with general increase for positive review.</p> <div style="text-align: right; margin-top: 20px;">  </div> |
| Employee Comments                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |

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

|                                                                                     |            |
|-------------------------------------------------------------------------------------|------------|
| Employee Signature:                                                                 | Date:      |
|  | 12.22.2014 |
| Supervisor Signature:                                                               | Date:      |
|  | 12-22-14   |