



30-90 Evaluation for Employees in a New Position

Employee Name: Caleb Kamara	Department: Bench
Job Title: Production	Hire Date: 9/30/15
Supervisor: Curt Raatz	Evaluation Period: 30 Day Review

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Notifies supervision in advance if unable to report to work as scheduled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication	• Effectively exchanges information, written or verbal, with all types of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	• Operates systems and equipment properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Amount of rework minimal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety and QA-Food Safety Awareness	• Operates systems and equipment properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Amount of rework minimal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• Follows through on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Maintains production pace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Fits into the norms and expectations of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">NO</p>	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	
<i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>	
<p>WHEN EMPLOYEE IS GIVEN A TASK HE WILL SPEND MORE TIME TRYING TO FIND ANOTHER PERSON TO DO IT. CANNOT WORK INDEPENDANT. ALWAYS TALKING VS BEING FOCUSED. PAST PERFORMANCE IS NOT AS ECEPTABLE - PAPERING MUFFIN LINERS + TASK'S</p>	
Employee Comments	
<p><i>Ken J. given</i></p>	

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>Caleb KAMARA</i>	Date: <i>NOV 3, 15</i>
Supervisor Signature: <i>Gary J. [unclear]</i>	Date: <i>11/3/15</i>