

PAYROLL CHANGE REPORT

Today's Date: <u>11/1/2016</u>	Effective Date: <u>10/31/2016</u>
Hire Date: <u>8/25/2015</u>	Hours Worked: <u>2080/ 12 Month</u>
Employee's Name: <u>Cliff Allen</u>	
Department: <u>Sanitation</u>	

CHANGE (\$)		FROM	TO
X	Rate	\$10.50	10.75
	Shift Differential	\$1.50	1.50
	Total	\$12.00	\$12.25

REASON (S) FOR THE CHANGE (S)							
Seniority Increase (Circle One)	480 HRS	6 Month	1 Year	1 1/2 Year	2 Year	Annual	
Merit Increase (level 2)							
Other							

ADDITIONAL COMMENTS
<p><i>Cliff</i></p> <p style="font-size: 1.2em;">behind on pay scale due to attendance</p>

Authorized by: <u><i>Tim Holt</i></u> (Department Manager)	Date: <u>10/31/16</u>
Guideline verified: <u><i>Nichol Wojcik</i></u> (Human Resources)	Date: <u>10-31-16</u>
<u><i>[Signature]</i></u> (GM Authorization)	Date: <u>10/31/16</u>

✓
 CMG

-4
10-31-15



3month/6month Evaluation

Employee Name: Cliff Allen	Department: Sanitation
Job Title:	Hire Date: 8-25-15
Supervisor: Tim Holt	Evaluation Period: 12 month

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 type="checkbox"/>	<input checked="" 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"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <i>knee pads</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>better floor ^(w) process</i>	If obstacles or barriers exist, what has been done to eliminate them?

For Employees at their 3 month and 6 month 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>
Employee Comments

This Evaluation has been reviewed with me on this date:

Employee Signature: <i>Clifford Allen</i>	Date: <i>11-3-16</i>
Supervisor Signature: <i>W. [Signature]</i>	Date: <i>11-3-16</i>