



OK

Reichel Foods, Inc. Employee Performance Review

Name: Dietrich Delayno		Due Date: 9/25/2012	
Job Title: Production		Employee Start Date: 6/25/2012	
Department: 1st shift		Supervisor/Manager:	
Review Period	6/25/2012 to 9/25/2012	Raise Recommended	O/N How much? / 20
	1=Poor	2=Fair	3=Satisfactory
			4=Good
			5=Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	Knows his job well and helps others		
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	Does a great job		
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	always here early		
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	no accidents		
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	Very good @ letting me know what he needs		
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	knows what he has to do		
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	I can tell them what to and it gets done		
Overall Rating (average the rating numbers above)	4.0		
ADDITIONAL COMMENTS			
He's very aware of what needs to be done before every run. Great asset.			
GOALS (as agreed upon by employee and manager)			
Teach Channa the labeler. I need her to know this by Oct. 19, 2012			
VERIFICATION OF REVIEW			
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.			
Employee Signature	<i>Delayno</i>	Date	10-3-12
Supervisor/Manager Signature	<i>Dietrich Nelson</i>	Date	10-3-12

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