

# PAYROLL CHANGE REPORT

Today's Date: <u>4/25/2017</u>	Effective Date: <u>5/8/2017</u>
Hire Date: <u>5/3/2016</u>	Hours Worked: <u>1 Year</u>
Employee's Name: <u>Diel Ojulu</u>	
Department: <u>Sanitation</u>	

CHANGE (S)		FROM	TO
X	Rate	\$11.25	11.25
	Shift Differential	\$1.50	1.50
	Total	\$12.75	12.75

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	1 1/2 Year	2 Year	Annual
Merit Increase (level 2)						
Other						

ADDITIONAL COMMENTS
<p style="font-size: 2em; margin-left: 10px;">10</p> <p style="text-align: center; font-size: 1.2em;">no raise due to attendance</p>

Authorized by: <u><i>Tim Holt</i></u>	Date: <u>5/1/17</u>
(Department Manager)	
Guideline verified: <u><i>Michael Wegel</i></u>	Date: <u>5-1-17</u>
(Human Resources)	
_____	Date: _____
(GM Authorization)	



"your workforce management & staffing experts"

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

Employee Name: <u>Diel Ajulu</u>	Department: <u>Sanitation</u>
Job Title: <u>Sanitation</u>	Hire Date: <u>5-3-14</u>
Supervisor: <u>Tim Holt</u>	Evaluation Period: <u>1 year</u>

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" 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 GMP 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 type="checkbox"/>	<input checked="" 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:

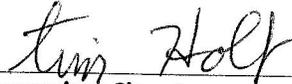
Employee	Supervisor
Are additional resources/tools needed?	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?	If obstacles or barriers exist, what has been done to eliminate them?

**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

<p><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>Attendance is unacceptable.          Die1 needs to work on improving his motivation at the end of the shift</p>
<p><b>Employee Comments</b></p>

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

<p><b>Employee Signature:</b>  </p>	<p><b>Date:</b>          5/22/17</p>
<p><b>Supervisor Signature:</b>  </p>	<p><b>Date:</b>          3-22-17</p>

Would this employee be eligible for a wage increase? Yes: \_\_\_\_\_ No: X

If Yes, Amount? \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_