

# PAYROLL CHANGE REPORT

Today's Date: <u>10/1/2017</u>	Effective Date: <u>10/9/2017</u>
Hire Date: <u>4/7/2017</u>	Hours Worked: <u>6 Month</u>
Employee's Name: <u>Duc Hong Dang</u>	
Department: <u>IQF</u>	

CHANGE (S)		FROM	TO
X	Rate	\$10.00	\$10.50
	Shift Differential		-
	Total	\$10.00	\$10.50

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	18 Month	2 Year	Annual
Merit Increase (level 2)						
Other-Job Transfer/Promotion Increase						

ADDITIONAL COMMENTS

Authorized by: <u><i>Nell Bruch</i></u> (Department Manager)	Date: <u>9-28-17</u>
Guideline verified: <u><i>Nichol Wojcik</i></u> (Human Resources)	Date: <u>9-27-17</u>
<u><i>[Signature]</i></u> (GM Authorization)	Date: <u>9/28/17</u>

CMG  
10-10-17  
  
 NW  
9-29-17



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

10

Employee Name: <u>Duc Hong Dang</u>	Department: <u>Dimension</u>
Job Title: <u>packout</u>	Hire Date: <u>4-7-17</u>
Supervisor: <u>Nick Kausch</u>	Evaluation Period: <u>6 month</u>

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Fits into the norms and expectations of the organization.	<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

<p><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p>
<p><b>Employee Comments</b></p>

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

Employee Signature:  <i>DNE DAUCI</i>	Date:
Supervisor Signature:  <i>NICK RAUSCH</i>	Date:

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

If Yes, Amount?   \$1050   Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

~~\_\_\_\_\_~~

10.00 - 10.50