



your workforce management & staffing experts

3month/6month Evaluation for Employees in a New Position

Employee Name: <u>Cory Dudley</u>	Department: <u>Sanitation</u>
Job Title: <u>Sanitation</u>	Hire Date: <u>10-20-14</u>
Supervisor: <u>Tim Holt</u>	Evaluation Period: <u>3month 400hrs</u>

Category	Criteria	Exceeds Expectations	Meets Expectations	Needs Improvement	Not Applicable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
	• Demonstrates technical understanding of the job	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
	• Follows work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
	• Watches out for others	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
	• Does work without being constantly reminded	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>

Please answer the following questions below:

Are additional resources/tools needed? <i>NO</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>NO</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> <i>Cory is doing good job.</i>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>Cory Dudley</i>	Date: <i>2-19-15</i>
Supervisor Signature: <i>Tim [Signature]</i>	Date: <i>2-19-15</i>

PAYROLL CHANGE REPORT

Today's Date: <u>2/17/2015</u>	Effective Date: <u>2/23/2015</u>
Hire Date: <u>10/20/2014</u>	Hours Worked: <u>459.00</u>
Employee's Name: <u>Cory Dudley</u>	
Department: <u>Sanitation</u>	

	CHANGE (\$)	FROM	TO
X	Rate	\$10.00	\$10.25
	Shift Differential	—	—
X	Total	\$10.00	\$10.25

REASON (S) FOR THE CHANGE (S)							
X	Seniority Increase (Circle One)	<u>90 Day</u>	6 Month	1 Year	1 1/2 Year	2 Year	Annual
	Merit increase						
	Other						

ADDITIONAL COMMENTS

Authorized by: <u><i>Tim Holt</i></u> (Department Manager)	Date: <u>2-17-15</u>
Guideline verified: <u><i>Nahol Wojcik</i></u> (Human Resources)	Date: <u>2-17-15</u>
<u><i>[Signature]</i></u> (GM Authorization)	Date: <u>2/20/15</u>

cm6 AOD spreadsheet
2/23