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Reichel Foods, Inc. Employee Performance Review

5/14/20 3/14

EMPLOYEE INFORMATION	
Name: Delux Nouv	Due Date: <u>3/5/2021</u>
Job Title: Machine Op Level 2	Employee Start Date: 5/6/2019
Department: MV1	Supervisor/Manager: Darrius Louwell
Review Period 5/6/2020 to 5/6/2021	Raise Recommended? <input checked="" type="checkbox"/> Yes / No <input type="checkbox"/> No How much? 1 dollar & 50 cents \$1.50

RATINGS	1 = F Poor	2 = D Fair	3 = C Satisfactory	4 = B Good	5 = A Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Knows the MV1 really well and orics 6. Also been operating MV2 efficiently as well.</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Provides good quality of work with the best of his ability. Performs very well at leading the ALL lines he is working on.</i>					
Attendance/Punctuality 0 tardy/0 call in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments No Issues here.</i>					
Safety 0 GMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Works in a safely manner.</i>					
Food Safety/GMP Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Follows proper GMP and food safety guidelines.</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Even with language barrier, communicates well with others.</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Provides good initiative and does his best to keep the line running and helps out running orics 6 and MV2.</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Comments Very dependable. Can count on him to be here on time and ready to work every day.</i>					
Overall Rating 5					

EVALUATION
<p>ADDITIONAL COMMENTS Delux has been a valuable employee for 2nd shift team. We needed help right away with MV2 and he helps out with our new (MO) and training him as well. Delux doesn't speak English very well but has improved on his communication with all departments and peers. Delux, was able to learn how to run MV1, Orics 6, and MV2 machines in his 2years. Without his ability to catch on as fast, it would be challenging for us to keep MV1 running and having a backup MO for Orics 6 and MV2. Delux, you are a very excellent employee.</p> <p><i>Continue to learn and run MV11 as needed us</i></p> <p>GOALS <i>Continue to keep learning every aspects of the machine and to keep machine running smoothly. Make sure everyone follow proper GMPs such as sanitize properly and on time. Continue to find ways to eliminate wastes and overfill. Continue to communicate with fellow co workers as well.</i></p>

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>[Signature]</i>	Date <u>03-08-21</u>
Supervisor/Manager Signature <i>[Signature]</i>	Date <u>03-08-21</u>

OFFICE USE ONLY			
Raise Amount: <u>\$1.50 & w/o</u>	Prev. Raise Amt:	Date:	Reason:
New Wage: <u>18.50</u>	Prev. Raise Amt:	Date:	Reason:
Effective Date of New Wage:	Prev. Raise Amt:	Date:	Reason:
Accounting Signature <i>[Signature]</i>			



Reichel Foods, Inc. Employee Performance Review

EMPLOYEE INFORMATION					
Name: Delux Nouv	Due Date:				
Job Title: Reichel Line Lead Person	Employee Start Date: 05/06/2019				
Department: MV1	Supervisor/Manager:				
Review Period 05/06/2020 to 05/06/2021	Raise Recommended? Yes / No How much?				
RATINGS					
	1 = F Poor	2 = D Fair	3 = C Satisfactory	4 = B Good	5 = A Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Attendance/Punctuality 3 call in /) tardy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Food Safety/GMP Compliance 10/8/20, 10/5/20, 6/1/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					
EVALUATION					
ADDITIONAL COMMENTS					
GOALS (as agreed upon by employee and manager)					
VERIFICATION OF REVIEW					
<i>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.</i>					
Employee Signature			Date		
Supervisor/Manager Signature			Date		
OFFICE USE ONLY					
Raise Amount:	Prev. Raise Amt:	Date:	Reason:		
New Wage:	Prev. Raise Amt:	Date:	Reason:		
Effective Date of New Wage:	Prev. Raise Amt:	Date:	Reason:		
Accounting Signature					

orig emailed
By KS