

PAYROLL CHANGE REPORT

Today's Date: <u>9/1/2017</u>	Effective Date: <u>9/24/2017</u>
Hire Date: <u>Re-Hired 3-18-16</u>	Hours Worked: <u>18 Month</u>
Employee's Name: <u>Fatoumata Bah</u>	
Department: <u>IQF Support</u>	

CHANGE (S)		FROM	TO
X	Rate	\$13.25	\$13.50
	Shift Differential	\$0.50	\$0.50
	Total	\$13.75	\$14.00

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: _____ (Department Manager)	Date: _____
Guideline verified: <u>Nichol Wright</u> (Human Resources)	Date: <u>8-29-17</u>
<u>[Signature]</u> (GM Authorization)	Date: <u>8/29/17</u>

CMG-
9-25-17

NWJ
8-28-17



30-90 Evaluation for Employees in a New Position

3 month absence

Employee Name: <u>Fatoumata Bah</u>	Department: <u>FOF</u>
Job Title: <u>support</u>	Hire Date: <u>8-18-15 - Re-hired 3-18-16</u>
Supervisor: <u>matth Heaton</u>	Evaluation Period: <u>18 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"/>
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:

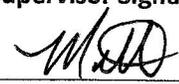
Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">No</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">No</p>	If obstacles or barriers 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

Supervisor Comments
<i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>
Good job Keep up the good work. Thank You!
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date:
Supervisor Signature: 	Date: 9-1-17

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

If Yes, Amount? _____ Approved by: _____ Date: _____

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