

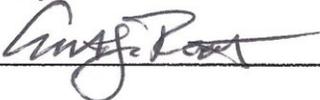
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? NO | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? NO | If obstacles or barriers exist, what has been done to eliminate them? |

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>Supervisor Comments (If Not-Acceptable is marked for any Task, specific examples must be provided)</p> <p>BE WORK ON BEING MORE POSITIVE HAVING A BETTER ATTITUDE. LESS COMPLAINING. MANY OPPORTUNITIES HERE FOR YOU.</p> |
| <p>Employee Comments</p> |

This Evaluation has been reviewed with me on this date.

| | |
|--|-----------------|
| Employee Signature:  | Date: 1/6/16 |
| Supervisor Signature:  | Date: 1-6-16 |

Handwritten initials