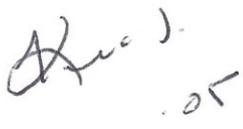


Please answer the following questions below:

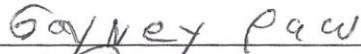
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? ok | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? ok | If obstacles or barriers exist, what has been done to eliminate them? |

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 <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> Gay is doing well in positions assigned and has good attendance. She works well with other staff and follows direction.</p> |
| <p>Employee Comments</p> <p style="text-align: right;">  .05 </p> |

This Evaluation has been reviewed with me on this date.

| | |
|--|---|
| <p>Employee Signature: </p> | <p>Date: 9-2-16</p> |
| <p>Supervisor Signature: </p> | <p>Date: 9-2-16</p> |