

1/18/16  
5



### 3month/6month Evaluation

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Employee Name: <u>Miles Gilbert</u>  | Department: <u>Flow Wrap</u>     |
| Job Title: <u>Flow Wrap Operator</u> | Hire Date: <u>1/15/15</u>        |
| Supervisor: <u>Mark Lieser</u>       | Evaluation Period: <u>1 year</u> |

| Tasks  | Criteria  | Acceptable                          | Needs Improvement                   | Not-Acceptable           |
|--|---|-------------------------------------|-------------------------------------|--------------------------|
| Attendance   | • Reports for all scheduled shifts at the scheduled start time                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  | • Notifies supervision in advance if unable to report to work as scheduled          | <input type="checkbox"/>            | <input checked="" 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 QA & Food Safety Awareness 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?                                | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | 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

|   |
|---|
| <p><b>Supervisor Comments</b><br/> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>IF miles is to become A LEAD, HIS ATTENDANCE MUST <del>be</del> improve</p> |
| <p><b>Employee Comments</b></p> <p>↓</p>  |

*This Evaluation has been reviewed with me on this date.*

|  |                         |
|--|-------------------------|
| Employee Signature:<br><i>miles Miller</i> | Date:<br><i>1-18-10</i> |
| Supervisor Signature:<br><i>Mark L...</i>  | Date:<br><i>1-18-10</i> |

*50 & Raise*