



"your workforce management & staffing experts"

### 30-90 Evaluation for Employees in a New Position

|                                 |                           |
|---------------------------------|---------------------------|
| Employee Name: Griselda Aguilar | Department: Packaging     |
| Job Title: Production           | Hire Date: 3/19/2015      |
| Supervisor: Miguel Q.           | Evaluation Period: 90 Day |
|                                 |                           |

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      | • Amount of rework minimal                                                          | <input checked="" 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                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                      |  |  |  |
|--|----------------------|--|--|--|
|  | of the organization. |  |  |  |
|--|----------------------|--|--|--|

Please answer the following questions below:

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

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                                                                                                                                   |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| (If Not-Acceptable is marked for any Task, specific examples must be provided)                                                                        |                        |
| Griselda, has improved her cooperation and performance. she helps co-workers complete task. Follows through task and doesn't need constant reminders. |                        |
| Employee Comments                                                                                                                                     | Please apply increase. |
|                                                                                                                                                       | KS 25                  |

This Evaluation has been reviewed with me on this date.

|                                                |                      |
|------------------------------------------------|----------------------|
| Employee Signature:<br><br>Griselda A Guilar   | Date:<br><br>6-26-15 |
| Supervisor Signature:<br><br>A. J. [Signature] | Date:<br><br>6-26-15 |