

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <i>no</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>no</i>	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> Htay is doing great in positions assigned. Very helpful and forward thinking on line processes.
Employee Comments <i>Due d. 25</i>

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>[Signature]</i>	Date: <i>4-27-16</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>4-27-16</i>