

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

<p><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>  <b>LEARNS QUICKLY- HAS ADDED STRENGTH TO OUR DEPT.</b></p>
<p><b>Employee Comments</b></p>

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

Employee Signature:  	Date:  <i>11/11/16</i>
Supervisor Signature:  	Date:  <i>11/11/16</i>

*SAA 11/18/16*