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

Employee Name: Jared Kalstad	Department: Bench
Job Title: Production	Hire Date: 9/21/15
Supervisor: Curt Raatz	Evaluation Period: 30 Day Review

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	• Able to grasp new concepts and applies them to the job	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Demonstrates technical understanding of the job	<input type="checkbox"/>	<input checked="" 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 <i>5 BULLETS 4 ROWS?</i>	• Operates systems and equipment properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures <i>HIS WAY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Amount of rework minimal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Maintains production pace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Follows all QA & Food Safety Awareness policies & procedures <i>EARLY</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	• Able to get along with others and help them complete tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Does work without being constantly reminded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Fits into the norms and expectations of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>Supervisor Comments</b> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> WE ARE HAVING ISSUES W/ JARED'S PERFORMANCE. • SLEEPY/PAL • WASTE'S TIME TALKING + WANDERING. • LONG BREAKS • CONSISTANTLY BEING REMINDED - (WHAT TO DO NEXT). • WHEN GIVEN A TASK/INSTRUCTIONS HE WILL DO THINGS HIS WAY OR HAVE SOMEONE ELSE DO IT.
<b>Employee Comments</b>

*Jim) Please evaluate work assignment*

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

Employee Signature: <i>Jared Cotard</i>	Date: <i>10-23-15</i>
Supervisor Signature: <i>Anthony...</i>	Date: <i>10-23-15</i>