

PAYROLL CHANGE REPORT

Today's Date: <u>3/1/2017</u>	Effective Date: <u>3/6/2017</u>
Hire Date: <u>3/6/2015</u>	Hours Worked: <u>2 Year</u>
Employee's Name: <u>John Bakou</u>	
Department: <u>Dimension Support operator</u>	

	CHANGE (\$)	FROM	TO
X	Rate	\$12.25	\$13.00
	Shift Differential	\$0.50	\$0.50
	Total	\$12.75	\$13.50

REASON (S) FOR THE CHANGE (S)							
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	1 1/2 Year	2 Year	Annual	
Merit Increase (level 2)							
Other							

ADDITIONAL COMMENTS

Authorized by: <u></u> (Department Manager)	Date: <u>2/27/17</u>
Guideline verified: <u></u> (Human Resources)	Date: <u>2-27-17</u>
<u></u> (GM Authorization)	Date: <u>2/27/17</u>

Handwritten note:
OK 2-27-17



"your workforce management & staffing experts"

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Employee Name: <u>John Bakou</u>	Department: <u>Dimension</u>
Job Title: <u>Dimension Operator</u>	Hire Date: <u>3-6-15</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>2 year</u>

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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 GMP 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? <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> John is a hard working & valuable employee. Great Job!
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>John Baker</i>	Date: 3/2/17
Supervisor Signature: <i>[Signature]</i>	Date: 3-2-17

Would this employee be eligible for a wage increase? Yes: No:

If Yes, Amount? _____ Approved by: _____ Date: _____

*75¢
12.75 - 13.50*