



### 3month/6month Evaluation

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Employee Name: <u>Bianca Kabore</u> | Department: <u>Flow Wrap</u>        |
| Job Title: <u>packout</u>           | Hire Date: <u>2/23/15</u>           |
| Supervisor: <u>Mark Lieser</u>      | Evaluation Period: <u>18 months</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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | • Follows through on tasks  | <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 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?                                | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has been done to eliminate them?      |

For Employees at their 3 month and 6 month 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><br><i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> |
| <b>Employee Comments</b>  |

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

|   |                          |
|---|--------------------------|
| Employee Signature:<br><i>Bianca</i>      | Date:<br><i>08-04-16</i> |
| Supervisor Signature:<br><i>Mark L...</i> | Date:<br><i>8-4-16</i>   |

#10456

70  
\$10.75

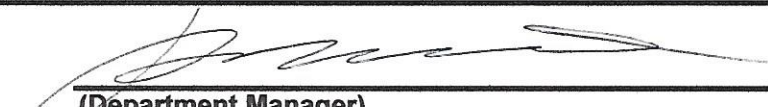

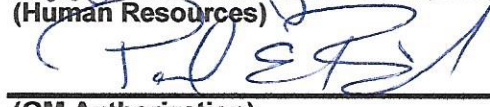
## PAYROLL CHANGE REPORT

|                                       |                                  |
|---------------------------------------|----------------------------------|
| Today's Date: <u>8/3/2016</u>         | Effective Date: <u>8/15/2016</u> |
| Hire Date: <u>2/23/2015</u>           | Hours Worked: <u>18 Months</u>   |
| Employee's Name: <u>Bianca Kabore</u> |                                  |
| Department: <u>packout</u>            |                                  |

| CHANGE (S) |                    | FROM    | TO      |
|------------|--------------------|---------|---------|
| X          | Rate               | \$10.50 | \$10.75 |
|            | Shift Differential | \$0.50  | —       |
|            | Total              | \$10.50 | \$10.75 |

| REASON (S) FOR THE CHANGE (S) |                                 |         |         |        |            |        |        |
|-------------------------------|---------------------------------|---------|---------|--------|------------|--------|--------|
| X                             | Seniority Increase (Circle One) | 480 HRS | 6 Month | 1 Year | 1 1/2 Year | 2 Year | Annual |
|                               | Merit Increase                  |         |         |        |            |        |        |
|                               | Other                           |         |         |        |            |        |        |

| ADDITIONAL COMMENTS   |
|---|
| Bianca has 6 absences in the past 18 months. (I think she is skill level 2 as well) |

|  |                     |
|--|---------------------|
| Authorized by: <u></u>      | Date: <u>8/3/16</u> |
| Guideline verified: <u></u> | Date: <u>8-3-16</u> |
| <u></u>                     | Date: <u>8/4/16</u> |
| (Department Manager)   |                     |
| (Human Resources)  |                     |
| (GM Authorization)   |                     |