



"your workforce management & staffing experts"

### 3month/6month Evaluation for Employees in a New Position

|                                      |  |
|--------------------------------------|--|
| Employee Name: <u>Braden Koopman</u> | Department: <u>IQF</u>                       |
| Job Title: <u>IQF Line</u>           | Hire Date: <u>10-15-14</u>                   |
| Supervisor: <u>Dale Sennie</u>       | Evaluation Period: <u>3 months - 480 hrs</u> |

| Task   | Criteria  | Accepted                            | Needs Improvement                   | Not Acceptable           |
|--|---|-------------------------------------|-------------------------------------|--------------------------|
| Attendance   | • Reports for all scheduled shifts at the scheduled start time                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  | • Notifies supervision in advance if unable to report to work as scheduled          | <input type="checkbox"/>            | <input checked="" 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"/> |
| 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:

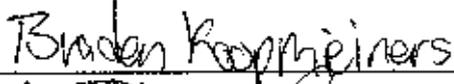
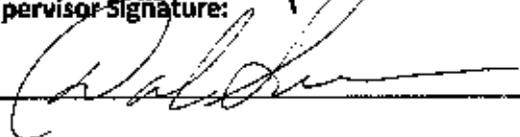
| Employee  | Supervisor   |
|---|--|
| Are additional resources/tools needed?                                | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has 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>   | Date:<br>2/24/15 |
| Supervisor Signature:<br> | Date:<br>2/24/15 |

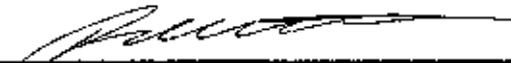
## PAYROLL CHANGE REPORT

|  |                                 |
|--|---------------------------------|
| Today's Date: <u>2/17/2015</u>             | Effective Date: <u>3/2/2015</u> |
| Hire Date: <u>10/15/2014</u>               | Hours Worked: <u>405.00</u>     |
| Employee's Name: <u>Braden Koopmeiners</u> |                                 |
| Department: <u>IGF</u>                     |                                 |

| CHANGE (S)         | FROM          | TO            |
|--------------------|---------------|---------------|
| Rate               | \$9.00        | \$9.25        |
| Shift Differential | —             | —             |
| <b>Total</b>       | <b>\$9.00</b> | <b>\$9.25</b> |

| REASON (S) FOR THE CHANGE (S) |                                 |               |         |        |            |        |        |
|-------------------------------|---------------------------------|---------------|---------|--------|------------|--------|--------|
| X                             | Seniority Increase (Circle One) | <u>90 Day</u> | 6 Month | 1 Year | 1 1/2 Year | 2 Year | Annual |
|                               | Merit Increase                  |               |         |        |            |        |        |
|                               | Other                           |               |         |        |            |        |        |

| ADDITIONAL COMMENTS |
|---------------------|
|                     |

|   |                      |
|---|----------------------|
| Authorized by: <u></u><br>(Department Manager)   | Date: <u>2/18/15</u> |
| Guideline verified: <u></u><br>(Human Resources) | Date: <u>2-17-15</u> |
| <u></u><br>(GM Authorization)                    | Date: <u>2/18/15</u> |