

# PAYROLL CHANGE REPORT

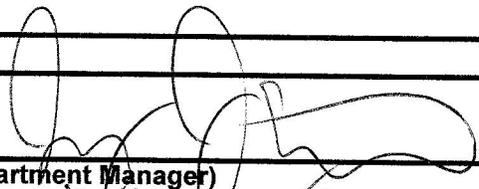
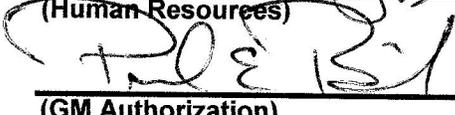
Today's Date: <u>7/1/2017</u>	Effective Date: <sup>16</sup> <u>7/1/2017</u>
Hire Date: <u>1/14/2016</u>	Hours Worked: <u>18 Month</u>
Employee's Name: <u>Lai Nguyen</u>	
Department: <u>IQF</u>	

CHANGE (S)		FROM	TO
X	Rate	\$11.00	\$11.25
	Shift Differential		-
	<b>Total</b>	<b>\$11.00</b>	<b>\$11.25</b>

REASON (S) FOR THE CHANGE (S)							
<input checked="" type="checkbox"/> Seniority Increase (Circle One)	<input type="checkbox"/> 3 Month	<input type="checkbox"/> 6 Month	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 18 Month	<input type="checkbox"/> 2 Year	<input type="checkbox"/> Annual	
<input type="checkbox"/> Merit Increase (level 2)							
<input type="checkbox"/> Other-Job Transfer/Promotion Increase							

**ADDITIONAL COMMENTS**

*\$0.25 above scale because previous level 2*

Authorized by:  _____ (Department Manager)	Date: <u>7/14/17</u>
Guideline verified: <i>Nickel World</i> _____ (Human Resources)	Date: <u>6-29-17</u>
 _____ (GM Authorization)	Date: <u>7/12/17</u>

*cmg - 7-18-17*

*New 7-14-17*



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

Employee Name: <u>Lai Nguyen</u>	Department: <u>TOF</u>
Job Title: <u>packout</u>	Hire Date: <u>1-14-16</u>
Supervisor: <u>Nick Rausch</u>	Evaluation Period: <u>18 month</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"/>
			<input checked="" 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?	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 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></p>
<p><b>Employee Comments</b></p>

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

<p>Employee Signature: </p>	<p>Date: 7/17/17</p>
<p>Supervisor Signature: </p>	<p>Date: 6/30/17</p>

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

If Yes, Amount? 25 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_