

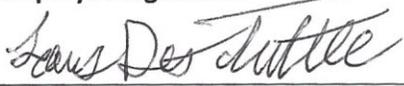
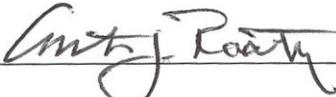
Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">No</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">No</p>	If obstacles or barriers 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>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> QUICK LEARNER, ABLE TO WORK ON HIS OWN. ALWAYS COMPLETES TASKS GIVEN TO HIM RIGHT AWAY.</p>
<p>Employee Comments</p> <div style="text-align: right;">  </div>

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: 5-2-16
Supervisor Signature: 	Date: 5-2-16