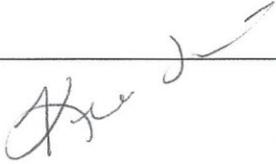


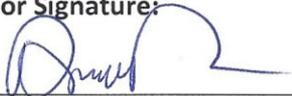
Employee	Supervisor
Are additional resources/tools needed?	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?	If obstacles or barriers exist, what has been done to eliminate them?

**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

<b>Supervisor Comments</b> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>	
<i>Letu needs to be more void with job          Specific questions</i>	
<b>Employee Comments</b>	
	

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

<b>Employee Signature:</b> <i>Letu Sedi</i>	<b>Date:</b> <i>06/28/2016</i>
<b>Supervisor Signature:</b> 	<b>Date:</b> <i>6/28/16</i>