



"your workforce management & staffing experts"

### 3month/6month Evaluation

|  |                                    |
|--|------------------------------------|
| Employee Name: <u>Shamsadeen Mahmood</u> | Department: <u>Dimension</u>       |
| Job Title: <u>packout</u>                | Hire Date: <u>2/25/15</u>          |
| Supervisor: <u>Dale Bonnie</u>           | Evaluation Period: <u>6 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 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"/> |

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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>Shamsadeen   | Date: 9/9/15 |
| Supervisor Signature:<br> | Date: 9.8.15 |

25% Raise

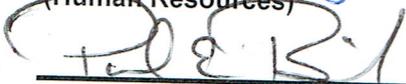
# PAYROLL CHANGE REPORT

|  |                                 |
|--|---------------------------------|
| Today's Date: <u>8/31/2015</u>             | Effective Date: <u>9/7/2015</u> |
| Hire Date: <u>2/25/2015</u>                | Hours Worked: <u>6 Months</u>   |
| Employee's Name: <u>Shamsadeen Mahmoud</u> |                                 |
| Department: <u>Packout-Dimension</u>       |                                 |

| CHANGE (S) |                    | FROM   | TO   |
|------------|--------------------|--------|------|
| X          | Rate               | \$9.25 | 9.50 |
|            | Shift Differential | \$0.00 |      |
|            | Total              | \$9.25 | 9.50 |

| 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        |
|----------------------------|
| Shamsadeen has 2 absences. |

|   |                      |
|---|----------------------|
| Authorized by: <u></u> | Date: <u>9/1/15</u>  |
| Guideline verified: <u>Nichol Wojcik</u>  | Date: <u>8-31-15</u> |
| <u></u>                | Date: <u>9/1/15</u>  |