



30-90 Evaluation for Employees in a New Position

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|--------------------------------|---------------------------|
| Employee Name: Marcus Larsen | Department: Shipping |
| Job Title: Production | Hire Date: 10/7/15 |
| Supervisor: Miguel Quintanills | Evaluation Period: 30 Day |

| Tasks | Criteria | Acceptable | 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 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 & maintains production pace | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | • Follows work procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Amount of rework minimal | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | • Fits into the norms and expectations of the organization. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please answer the following questions below:

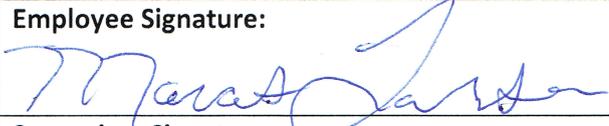
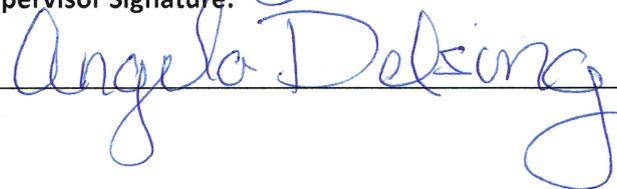
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has been done to eliminate them? |

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

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|---|--|
| Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> Marcus needs to work on missing items and his speed. Marcus is willing to do what ever is asked of him. Works good with others. | |
| Employee Comments |  |

This Evaluation has been reviewed with me on this date.

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|---|-------------------------|
| Employee Signature:  | Date: 11-7-15 |
| Supervisor Signature:  | Date: 11-7-15 |