

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>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>Mark comes to work with a positive attitude and maintains it throughout the day. He has effectively learned how to ship all routes. Mark works well with all employees.</p> | |
| <p>Employee Comments</p> <div style="text-align: right; margin-top: 20px;">  </div> | |

This Evaluation has been reviewed with me on this date.

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| <p>Employee Signature: </p> | <p>Date: 1-30-16</p> |
| <p>Supervisor Signature: </p> | <p>Date: 1-30-16</p> |