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7-28-17



30-90 Evaluation for Employees in a New Position

Employee Name: <u>Mark Johnson</u>	Department: <u>Dimensional</u>
Job Title:	Hire Date: <u>4-28-17</u>
Supervisor: <u>Matt Heater</u>	Evaluation Period: <u>3 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Follows through on tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" 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 GMP 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"/>

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? <i>No</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>No</i>	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><i>Good job !</i></p>
<p>Employee Comments</p> <p>_____</p>

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>[Signature]</i>	Date:
Supervisor Signature: <i>[Signature]</i>	Date: <i>7-21-17</i>

Would this employee be eligible for a wage increase? Yes: _____ No: _____

If Yes, Amount? _____ Approved by: _____ Date: _____