

PAYROLL CHANGE REPORT

Today's Date: 10/1/2017 **Effective Date:** 10/30/2017
Hire Date: 4/28/2017 **Hours Worked:** 6 Month
Employee's Name: Mark Johnson
Department: Dimension Operator

CHANGE (S)		FROM	TO
X	Rate	\$12.00	\$12.25
	Shift Differential	\$0.50	\$0.50
	Total	\$12.50	\$12.75

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	18 Month	2 Year	Annual
Merit Increase (level 2)						
Other-Job Transfer/Promotion Increase						

ADDITIONAL COMMENTS

Authorized by: *Will B. Beck* **Date:** 9-28-17
(Department Manager)
Guideline verified: *Michael Wojcik* **Date:** 9-27-17
(Human Resources)
H. DeBasil **Date:** 9/28/17
(GM Authorization)

*WUW
9-29-17*



30-90 Evaluation for Employees in a New Position

Employee Name: <u>Mark Johnson</u>	Department: <u>Dimension</u>
Job Title: <u>Operator</u>	Hire Date: <u>4-28-17</u>
Supervisor: <u>Matt Heaton</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 type="checkbox"/>	<input checked="" 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 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 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 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

Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> <i>Learning processes slowly but at acceptable pace. Good with the other employees</i>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>[Signature]</i>	Date: <i>10-20-17</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>10-20-17</i>

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

If Yes, Amount? *\$12.75* Approved by: *[Signature]* Date: *10-20*