



your workforce management & staffing experts

30-90 Evaluation for Employees in a New Position

Employee Name: Micheal McDonough	Department: Sanitation
Job Title: Production	Hire Date: 12/18/14
Supervisor: Jon Baron	Evaluation Period: 30 Day Evaluation

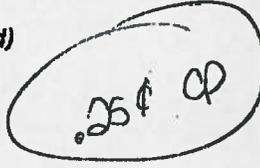
Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	<ul style="list-style-type: none"> Reports for all scheduled shifts at the scheduled start time 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Notifies supervision in advance if unable to report to work as scheduled 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<ul style="list-style-type: none"> Effectively exchanges information, written or verbal, with all types of personnel 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Communicates information accurately, timely, and respectfully 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	<ul style="list-style-type: none"> Able to grasp new concepts and applies them to the job 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Demonstrates technical understanding of the job 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Asks questions to confirm understanding of concepts 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	<ul style="list-style-type: none"> Operates systems and equipment properly 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Follows work procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Amount of rework minimal 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Follows through on tasks 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and QA-Food Safety Awareness	<ul style="list-style-type: none"> Follows all Safety policies 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Watches out for others 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Follows all QA & Food Safety Awareness policies & procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	<ul style="list-style-type: none"> Able to get along with others and help them complete tasks 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Does work without being constantly reminded 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> 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:

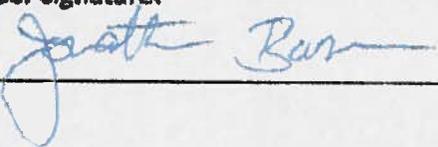
Employee	Supervisor
Are additional resources/tools needed? <i>none needed</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>none</i>	If obstacles or barriers exist, what has been done to eliminate them?

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>

Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: 1-21-15
Supervisor Signature: 	Date: 1-21-15