

Please answer the following questions below:

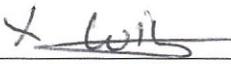
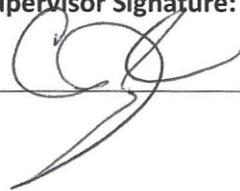
Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">no</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">no</p>	If obstacles or barriers 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><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p><b>Myint is doing well in all positions assigned. She works great with other staff and is proactive on line. Good attendance.</b></p>
<p><b>Employee Comments</b></p>

*This Evaluation has been reviewed with me on this date.*

Employee Signature: 	Date: X 10-10-16
Supervisor Signature: 	Date: 10-10-16

50¢ Increase approved  
 C. Power  
 10-19-16