

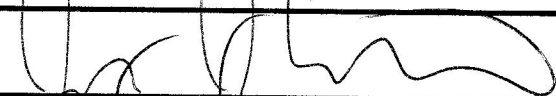
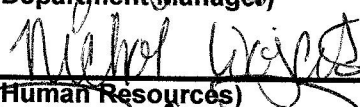

PAYROLL CHANGE REPORT

| | |
|---------------------------------|----------------------------------|
| Today's Date: <u>7/1/2017</u> | Effective Date: <u>7/10/2017</u> |
| Hire Date: <u>7/6/2016</u> | Hours Worked: <u>1 Year</u> |
| Employee's Name: <u>Ngoc Vo</u> | |
| Department: <u>IQF</u> | |

| | CHANGE (\$) | FROM | TO |
|---|--------------------|----------------|----------------|
| X | Rate | \$10.50 | \$10.75 |
| | Shift Differential | | - |
| | Total | \$10.50 | \$10.75 |

| 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 |
|---------------------|
| Zero Absences |

| | |
|---|----------------------|
| Authorized by: <u></u> (Department Manager) | Date: <u>7/11/17</u> |
| Guideline verified: <u></u> (Human Resources) | Date: <u>6-29-17</u> |
| <u></u> (GM Authorization) | Date: <u>7/12/17</u> |

CMB
7-14-17

NCW
7-14-17



30-90 Evaluation for Employees in a New Position

| | |
|--------------------------------|----------------------------------|
| Employee Name: <u>Ngoc Vo</u> | Department: <u>IGF</u> |
| Job Title: | Hire Date: <u>7-6-16</u> |
| Supervisor: <u>Nick Rausch</u> | Evaluation Period: <u>1 year</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:


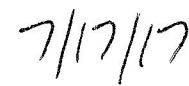

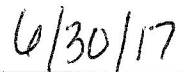
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has been done to eliminate them? |


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>Employee Comments</p> |

This Evaluation has been reviewed with me on this date.

| | |
|---|--|
| <p>Employee Signature: </p> | <p>Date: </p> |
| <p>Supervisor Signature: </p> | <p>Date: </p> |

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

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