

Employee Information

Name: Minh Nguyen Date: 12/17/14

Job Title: Operator Supervisor: Aaron Dittus

Department: Sem. con

Review Period | From: 9/29/14 To: 12/8/14

Ratings

5 = Excellent: Employee consistently exceeds expectations through demonstrated actions and abilities without any supervision.

4 = Good: Employee meets job requirements as well as at times exceeds expectations with little to no supervision.

3 = Satisfactory: Employee meets job requirements as defined.

2 = Needs Improvement: Employee is below the standard for meeting job requirements and needs supervision.

1 = Poor: Employee needs immediate improvement in order to continue employment with VSI. (It is suggested to place the employee on 30 day probation as well as an improvement plan with defined outcomes).

	1 = Poor	2 = Needs Improvement	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Production Quantity Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

TOTAL = 3.9

Evaluation

Additional Comments:

Goals (as agreed upon by employee and manager)

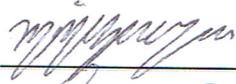
Time manage. / organization

Date of next review: 9/29/15

Leadership / Independence

Verification of Review

Employee Signature:



Date:

12/17/14

Manager Signature:



Date:

12-17-14

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Manager II



DATE:

12-17-14

GOALS:

1. Exercise better time management (less sitting around)
2. Be more organized (use notebook/planner)
3. Exhibit leadership & independence in daily work
4. Etching & Inspection certification by next review.

Employee Information

Name: Minh Nguyen

Date: 12/18/14

Employee Self Evaluation

Answer the following questions by checking the appropriate box to the right.

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

I know what the responsibilities of my job are.

Comments:

I know who my supervisor is and what he/she is responsible for.

Comments:

I feel my workload is too heavy.

Comments:

I feel I can discuss work related problems with my supervisor.

Comments: *I can always go Chris to get a great idea to solve problems*

I feel that I am a part of a productive work team.

Comments:

I always know what my daily and weekly goals are.

Comments:

I feel I have had enough training to perform my job.

Comments:

Any other comments, questions, concerns, ideas...