

6-6-16
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3month/6month Evaluation

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| Employee Name: <u>David Nierengarten</u> | Department: <u>Dimension</u> |
| Job Title: <u>packout</u> | Hire Date: <u>12/11/15</u> |
| Supervisor: <u>Mark L.</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 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 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 QA & Food Safety Awareness 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 3 month and 6 month milestone, please mark one:

- Employee is making progress and meeting performance expectations
- Employee is not making progress and is not meeting performance expectations

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| <p>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>Good worker</p> |
| <p>Employee Comments</p> |

This Evaluation has been reviewed with me on this date:

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|--|------------------------|
| Employee Signature: <i>D. Merriam</i> | Date: <i>6/8/16</i> |
| Supervisor Signature: <i>Mont Lee</i> | Date: <i>6-2-16</i> |

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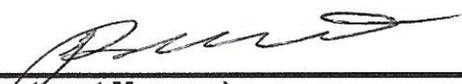
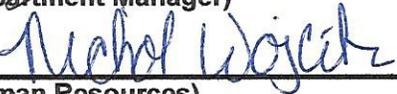
PAYROLL CHANGE REPORT

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|--|---------------------------------|
| Today's Date: <u>6/2/2016</u> | Effective Date: <u>6/6/2016</u> |
| Hire Date: <u>12/11/2015</u> | Hours Worked: <u>6 months</u> |
| Employee's Name: <u>David Nierengarten</u> | |
| Department: <u>Packout - Skill Level 2</u> | |

| | CHANGE (\$) | FROM | TO |
|---|--------------------|----------------|----------------|
| X | Rate | \$10.00 | \$10.25 |
| | Shift Differential | \$0.00 | - |
| | Total | \$10.00 | \$10.25 |

| REASON (S) FOR THE CHANGE (S) | | | | | | | |
|-------------------------------|---------------------------------|---------|---------|--------|------------|--------|--------|
| X | Seniority Increase (Circle One) | 480 HRS | 6 Month | 1 Year | 1 1/2 Year | 2 Year | Annual |
| | Merit Increase | | | | | | |
| | Other | | | | | | |

| ADDITIONAL COMMENTS |
|---|
| David has zero absences in the past 6 months. |

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| Authorized by: <u></u> | Date: <u>6/2/16</u> |
| Guideline verified: <u></u> | Date: <u>6-2-16</u> |
| <u>N/A</u> | Date: _____ |
| (Department Manager) | |
| (Human Resources) | |
| (GM Authorization) | |