



"your workforce management & staffing experts"

due
3-12-17

| | |
|-----------------------------------|--------------------------------|
| Employee Name: <u>Nimo Rashid</u> | Department: <u>IOF</u> |
| Job Title: <u>IOF-packout</u> | Hire Date: <u>12-12-14</u> |
| Supervisor: <u>Matt Hutton</u> | Evaluation Period: <u>3 mo</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"/> |
| | | <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 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? No | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? No | 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

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Supervisor Comments (If Not-Acceptable is marked for any Task, specific examples must be provided)</p> <p>Has become one of our best IOP packers Good job!</p> |
| <p>Employee Comments</p> |

This Evaluation has been reviewed with me on this date.

| | |
|--------------------------------------------------------------------------------------------------------------|-------------------|
| Employee Signature: NIMO | Date: 3-2-17 |
| Supervisor Signature:  | Date: 3-2-17 |
| | 2-3-17 |

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

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