




# PAYROLL CHANGE REPORT

Today's Date: <u>6/1/2017</u>	Effective Date: <u>6/12/2017</u>
Hire Date: <u>12/12/2016</u>	Hours Worked: <u>6 Month</u>
Employee's Name: <u>Nimo Rashid</u>	
Department: <u>IQF</u>	

CHANGE (S)		FROM	TO
X	Rate	\$10.00	\$10.50
	Shift Differential		-
	<b>Total</b>	<b>\$10.00</b>	<b>\$10.50</b>

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

Authorized by: <u></u> (Department Manager)	Date: <u>5/25/17</u>
Guideline verified: <u></u> (Human Resources)	Date: <u>5-25-17</u>
<u></u> (GM Authorization)	Date: <u>5/25/17</u>

CMG.  
6-12-17

New  
5-25-17



### 30-90 Evaluation for Employees in a New Position

Employee Name: <u>Nimo Rashid</u>	Department: <u>I&amp;F</u>
Job Title: <u>Pack out</u>	Hire Date: <u>12-12-16</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>6 month</u>

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	• Reports for all scheduled shifts at the scheduled start time	<input type="checkbox"/>	<input checked="" 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"/>
Safety and QA-Food Safety Awareness	• Follows all Safety policies	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? <i>No</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>No</i>	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> (If Not-Acceptable is marked for any Task, specific examples must be provided)</p> <p><i>Hard worker. Late several times but dependable. Thank you</i></p>
<p><b>Employee Comments</b></p>

*Name:* \_\_\_\_\_ **This Evaluation has been reviewed with me on this date.**

Employee Signature: <i>[Signature]</i>	Date: <i>6-17-17</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>6-17-17</i>

Would this employee be eligible for a wage increase? Yes:   *X*   No: \_\_\_\_\_

If Yes, Amount? \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*50¢ Raise  
on 6/12/17*