



"your workforce management & staffing experts"

30-90 Evaluation for Employees in a New Position

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|----------------------------|----------------------------------|
| Employee Name: Plo Oo | Department: Commissary |
| Job Title: Production | Hire Date: 8/11/15 |
| Supervisor: Chris Jacobsen | Evaluation Period: 30 Day Review |


| 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"/> |
| | • Amount of rework minimal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Follows through on tasks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Maintains production pace | <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? 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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|---|---|
| Plo has kept on improving his skill set in positions assigned. He has good temperament and works well with other staff. Good attendance and flexible in tasks assigned. | Supervisor Comments  |
| | Employee Comments |

This Evaluation has been reviewed with me on this date.

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|---|-------------------------|
| Employee Signature:  | Date: 9-13-15 |
| Supervisor Signature:  | Date: 9-13-15 |