



30-90 Evaluation for Employees in a New Position

Employee Name: Patricia Urzua	Department: Delta Hawk
Job Title: Production	Hire Date: 05/14/14
Supervisor: Curt R.	Evaluation Period: 30 Day

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	<ul style="list-style-type: none"> Reports for all scheduled shifts at the scheduled start time Notifies supervision in advance if unable to report to work as scheduled 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<ul style="list-style-type: none"> Effectively exchanges information, written or verbal, with all types of personnel Communicates information accurately, timely, and respectfully 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	<ul style="list-style-type: none"> Able to grasp new concepts and applies them to the job Demonstrates technical understanding of the job Asks questions to confirm understanding of concepts 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	<ul style="list-style-type: none"> Operates systems and equipment properly Follows work procedures Amount of rework minimal Follows through on tasks 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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	<ul style="list-style-type: none"> Follows all Safety policies Watches out for others Follows all QA & Food Safety Awareness policies & procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	<ul style="list-style-type: none"> Able to get along with others and help them complete tasks Does work without being constantly reminded Fits into the norms and expectations of the organization. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below:

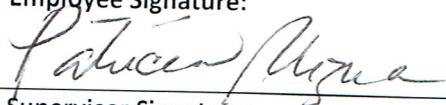
Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided? <i>N/A</i>
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">NONE</p>	If obstacles or barriers exist, what has been done to eliminate them? <p style="text-align: center;"><i>N/A</i></p>

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>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p>
<p><i>MAKING GOOD PROGRESS - NO COMPLAINTS.</i></p>
<p>Employee Comments</p>
<p><i>GOOD SO FAR -</i></p>

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: <p style="text-align: center;"><i>6-13-14</i></p>
Supervisor Signature: 	Date: <p style="text-align: center;"><i>6-13-14</i></p>