

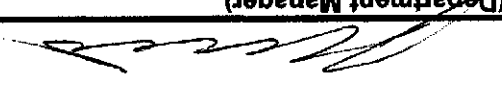
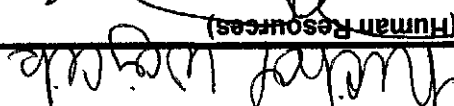
PAYROLL CHANGE REPORT

Today's Date:	2/3/2015	Effective Date:	2/9/2015
Hire Date:	10/20/2014	Hours Worked:	480.00
Employee's Name:	Matt Rau		
Department:	Grind		

CHANGE (S)		FROM	TO
Rate		\$10.50	—
Shift Differential		—	—
Total		\$10.50	\$10.50

REASON (S) FOR THE CHANGE (S)				
Seniority Increase (Circle One)	90 Day	6 Month	1 Year	1 1/2 Year
Merit Increase				
Other				

ADDITIONAL COMMENTS
already @ 3 month rate as of 1-19-15

Authorized by:		(Department Manager)	
Guideline verified:		(Human Resources)	
Date:	2-5-15	Date:	
			2/5/15
			2/5/15
			(GM Authorization)

1/6/15
1050



3month/6month Evaluation for Employees in a New Position

Employee Name: Matt Rau	Department: Grnd - 2nd Shift
Job Title: Grnd	Hire Date: 10-20-14
Supervisor: Mark Lesser	Evaluation Period: 3 month

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	- Reports for all scheduled shifts at the scheduled start time - Notifies supervision in advance if unable to report to work as scheduled	☒	☐	☐
Communication	- Effectively exchanges information, written or verbal, with all types of personnel - Communicates information accurately, timely, and respectfully	☒	☐	☐
Job Skills and Ability to Learn	- Able to grasp new concepts and applies them to the job - Demonstrates technical understanding of the job - Asks questions to confirm understanding of concepts	☒	☐	☐
Work Quality and Ability to Follow Work Instructions	- Operates systems and equipment properly - Follows work procedures - Follows through on tasks	☒	☐	☐
Safety and QA-Awareness	- Follows all Safety policies - Watches out for others - Follows all QA & Food Safety Awareness policies & procedures	☒	☐	☐
Team Work and Initiative	- 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.	☒	☐	☐

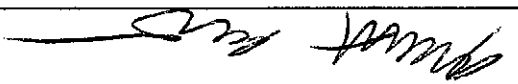
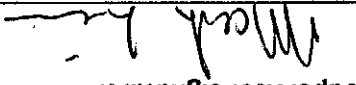
Please answer the following questions below:

Employee		Supervisor	
Are additional resources/tools needed?	Have additional resources/tools that the employee requested been provided?	If obstacles or barriers exist, what has been done to eliminate them?	
Are there any barriers or obstacles to successfully perform the work?			

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

Supervisor Comments (if Not-Acceptable is marked for any Task, specific examples must be provided)	Employee Comments
---	---------------------------------

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: 2/4/15
Supervisor Signature: 	Date: 2/8/15