

# PAYROLL CHANGE REPORT

Today's Date:	<u>10/1/2017</u>	Effective Date:	<u>10/23/2017</u>
Hire Date:	<u>10/18/2017</u>	Hours Worked:	<u>1 Year</u>
Employee's Name:	<u>Romeago Metho</u>		
Department:	<u>Grinding</u>		

CHANGE (\$)		FROM	TO
X	Rate	\$13.00	\$13.25
	Shift Differential	\$0.50	\$ .50
	Total	\$13.50	\$13.75

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><i>Matt B. ...</i></u> (Department Manager)	Date:	<u>9-28-17</u>
Guideline verified:	<u><i>Nichol Wojcik</i></u> (Human Resources)	Date:	<u>9-27-17</u>
	<u><i>...</i></u> (GM Authorization)	Date:	<u>9/28/17</u>

*CMG  
10-24-17*

*NW  
9-29-17*



"your workforce management & staffing experts"

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

Employee Name: <u>Romeago Matho</u>	Department: <u>Grinding</u>
Job Title: <u>Grinder</u>	Hire Date: <u>10-18-16</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>1 year</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"/>
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? <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

<b>Supervisor Comments</b> <small>(If Not-Acceptable is marked for any Task, specific examples must be provided)</small> <i>Romego has improved a great deal in the last 2 mo.</i>
<b>Employee Comments</b>

*This Evaluation has been reviewed with me on this date.*

<b>Employee Signature:</b> 	<b>Date:</b> <i>10-20-17</i>
<b>Supervisor Signature:</b> 	<b>Date:</b> <i>10-20-17</i>

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

If Yes, Amount? \$13.25 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_