

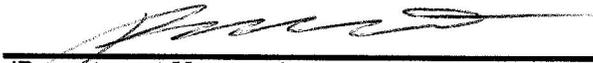
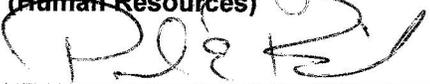
PAYROLL CHANGE REPORT

Today's Date:	<u>3/1/2017</u>	Effective Date:	<u>3/20/2017</u>
Hire Date:	<u>2/19/2015</u>	Hours Worked:	<u>2 Year</u>
Employee's Name:	<u>Ruun Ojulu</u>		
Department:	<u>Flow Wrap Operator</u>		

CHANGE (\$)		FROM	TO
X	Rate	\$12.25	\$13.00
	Shift Differential	\$0.50	.50
	Total	\$12.75	\$13.50

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	3 Month	6 Month	1 Year	1 1/2 Year	2 Year	Annual
Merit Increase (level 2)						
Other						

ADDITIONAL COMMENTS

Authorized by:	<u></u>	Date:	<u>2/27/17</u>
Guideline verified:	<u></u>	Date:	<u>2-27-17</u>
	<u></u>	Date:	<u>2/27/17</u>

CMG
 3-21-17
 2-27-17
 RW



-2
3-20

Employee Name: <u>Ruun Ajulu</u>	Department: <u>Flow wrap</u>
Job Title: <u>Flow wrap operator</u>	Hire Date: <u>2-19-15</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>2 year</u>

had 3wk absence

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input type="checkbox"/>	<input checked="" 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 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"/>
		<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

<p>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p><i>Very good job. Learning Well</i></p>
<p>Employee Comments</p>

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>Ruben O. Uru</i>	Date:
Supervisor Signature: <i>[Signature]</i>	Date:

Would this employee be eligible for a wage increase? Yes: _____ No: _____

If Yes, Amount? _____ Approved by: _____ Date: _____

.75
12.75 - 13.50