

# PAYROLL CHANGE REPORT

Today's Date: <u>3/30/2016</u>	Effective Date: <u>4/11/2016</u>
Hire Date: <u>4/21/2015</u>	Hours Worked: <u>one year</u>
Employee's Name: <u>Arnold Sawadogo</u>	
Department: <u>Flow Wrap Operator/Support</u>	

X	CHANGE (S)	FROM	TO
	Rate	\$11.00	\$11.25
	Shift Differential	\$0.50	<del>---</del> \$0.50
	Total	\$11.50	\$11.75

REASON (S) FOR THE CHANGE (S)							
X	Seniority Increase (Circle One)	480 HRS	6 Month	1 Year	1 1/2 Year	2 Year	Annual
	Merit Increase						
	Other						

**ADDITIONAL COMMENTS**

**Arnold has one absence in the last three months.**

Authorized by: <u></u>	Date: <u>3/31/16</u>
Guideline verified: <u>Nichol Wojcik</u>	Date: <u>3-31-16</u>
<u>N/A</u>	Date: _____
(GM Authorization)	

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial data and for facilitating the audit process. The text notes that any discrepancies or errors in the records can lead to significant complications and may result in the disallowance of certain expenses.

2. The second part of the document provides a detailed overview of the various types of expenses that are eligible for reimbursement. It lists categories such as travel, meals, lodging, and transportation, and provides specific guidelines for each. For example, it states that travel expenses must be directly related to the performance of official duties and that meals must be consumed while away from the home and the regular place of business.

3. The third part of the document outlines the procedures for submitting reimbursement requests. It requires that all requests be supported by appropriate documentation, such as receipts, invoices, and travel logs. The text also specifies the time frame within which these requests must be submitted and the steps involved in the review and approval process.

4. The fourth part of the document discusses the consequences of non-compliance with the reimbursement policy. It states that any attempt to obtain reimbursement for unauthorized or unallowable expenses will result in the denial of the request and may lead to disciplinary action. The text also notes that the government is not liable for any interest or penalties on amounts that have been improperly reimbursed.

5. The fifth and final part of the document provides a summary of the key points and reiterates the importance of adhering to the policy. It encourages all employees to familiarize themselves with the policy and to seek clarification if needed. The text concludes by stating that the goal of the policy is to ensure that government resources are used efficiently and effectively.

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4/11



**3month/6month Evaluation**

*Arnold Sawadogo*

Employee Name: <i>Arnold Sawadogo</i>	Department: <i>Flowwrap</i>
Job Title: <i>Flowwrap Oper</i>	Hire Date: <i>4/21/15</i>
Supervisor: <i>Mark Lieser</i>	Evaluation Period: <i>1 year</i>

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 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:

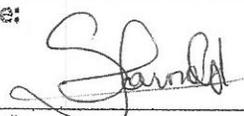
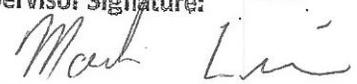
Employee	Supervisor
Are additional resources/tools needed?	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?	If obstacles or barriers exist, what has been done to eliminate them?

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

<b>Supervisor Comments</b> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>  very well Liked By co-workers
<b>Employee Comments</b>

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

Employee Signature: 	Date: 3-31-16
Supervisor Signature: 	Date: 3-31-16

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