PAYROLL CHANGE REPORT

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

	CHANGE (S)	FROM	TO
X	Rate	$11.00	$11.25
	Shift Differential	$0.50	$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:	(Department Manager)	**Date:**	3/31/16
Guideline verified:	Nichol Wojcik (Human Resources)	**Date:**	3-31-16
	N/A (GM Authorization)	**Date:**	

4/11

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3month/6month Evaluation

Employee Name: Cornold Sawadogo		Department:	Flow Wrap
Job Title: Flow Wrap Opera		Hire Date:	4/21/15
Supervisor: Mark Lieser		Evaluation Period:	1 year

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-Food Safety 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?
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

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

This Evaluation has been reviewed with me on this date.

Employee Signature:	**Date:** 3-31-16
Supervisor Signature: Mark Lu	**Date:** 3-31-16

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