

Employee	Supervisor
Are additional resources/tools needed? <i>No Comment</i>	Have additional resources/tools that the employee requested been provided? <i>Soft glass</i>
Are there any barriers or obstacles to successfully perform the work? <i>No Comment</i>	If obstacles or barriers exist, what has been done to eliminate them? <i>work as team to overcome</i>

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 align="center">Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p><i>need to be on-time for work.</i></p> <p><i>NO comments</i></p>	
<p align="center">Employee Comments</p> <p align="center"><i>no</i></p> <p align="right"><i>He J</i></p>	

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: <i>11-24-15</i>
Supervisor Signature: 	Date: <i>11/24/15</i>