Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? NO	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? NO	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

Supervisor Comments

(If Not-Acceptable is marked for any Task, specific examples must be provided)

Moe is progressing well in positions assigned and works well with other staff. Proactive on floor and good attendance. Good energy level.

Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: X	**Date:** 1-12-16
Supervisor Signature:	**Date:** 1-12-16