



"your workforce management & staffing experts"

Employee Name: <i>Van RoVo</i>	Department:
Job Title:	Hire Date: <i>1-29-17</i>
Supervisor: <i>Nick Rausch</i>	Evaluation Period: <i>3 months</i>

Tasks	Criteria	Acceptable	Needs Improvement	Not-Acceptable
Attendance	<ul style="list-style-type: none"> • Reports for all scheduled shifts at the scheduled start time • Notifies supervision in advance if unable to report to work as scheduled 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<ul style="list-style-type: none"> • Effectively exchanges information, written or verbal, with all types of personnel • Communicates information accurately, timely, and respectfully 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skills and Ability to Learn	<ul style="list-style-type: none"> • Able to grasp new concepts and applies them to the job • Demonstrates technical understanding of the job • Asks questions to confirm understanding of concepts 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality and Ability to Follow Work Instructions	<ul style="list-style-type: none"> • Operates systems and equipment properly • Follows work procedures • Follows through on tasks 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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	<ul style="list-style-type: none"> • Follows all Safety policies • Watches out for others • Follows all GMP policies & procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work and Initiative	<ul style="list-style-type: none"> • 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. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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

Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> <i>Learns quickly and is a fast packer</i>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <i>R. V. D.</i>	Date: <i>4-29-17</i>
Supervisor Signature: 	Date: <i>4-29-17</i>

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

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