



"your workforce management & staffing experts"

| | |
|---------------------------------------|------------------------------------|
| Employee Name: <i>Veronique Nante</i> | Department: |
| Job Title: | Hire Date: <i>8-18-16</i> |
| Supervisor: <i>Matt Heaton</i> | Evaluation Period: <i>6 months</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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Follows through on tasks | <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 GMP 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:

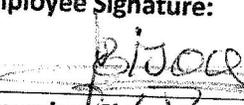
| Employee | Supervisor |
|---|--|
| Are additional resources/tools needed? No | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work? No | If obstacles or barriers exist, what has been done to eliminate them? |

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 <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> Good job! Thank You |
| Employee Comments |

This Evaluation has been reviewed with me on this date.

| | |
|--|-------------------|
| Employee Signature:  | Date: 02/13/17 |
| Supervisor Signature:  | Date: 2-13-17 |

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

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

10.00 to 10.50

PAYROLL CHANGE REPORT

| | |
|---|----------------------------------|
| Today's Date: <u>2/1/2017</u> | Effective Date: <u>2/13/2017</u> |
| Hire Date: <u>8/18/2016</u> | Hours Worked: <u>6 Months</u> |
| Employee's Name: <u>Veronique Niati</u> | |
| Department: <u>IQF</u> | |

| | CHANGE (S) | FROM | TO |
|---|--------------------|----------------|----------------|
| X | Rate | \$10.00 | \$10.50 |
| | Shift Differential | | - |
| | Total | \$10.00 | \$10.50 |

| REASON (S) FOR THE CHANGE (S) | | | | | | | |
|-------------------------------|---------------------------------|---------|---------|--------|------------|--------|--------|
| | Seniority Increase (Circle One) | 3 Month | 6 Month | 1 Year | 1 1/2 Year | 2 Year | Annual |
| | Merit Increase (level 2) | | | | | | |
| | Other | | | | | | |

| ADDITIONAL COMMENTS |
|---------------------|
| |

| | |
|--|----------------------|
| Authorized by: <u></u> | Date: <u>1/27/17</u> |
| Guideline verified: <u></u> | Date: <u>1-27-17</u> |
| <u></u> | Date: <u>1-27-17</u> |
| (Department Manager) | |
| (Human Resources) | |
| (GM Authorization) | |

Entered
cmg
2-13-17

TP
1-27-17
MLO