

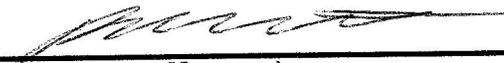
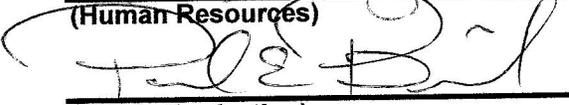
PAYROLL CHANGE REPORT

Today's Date: <u>12/16/2016</u>	Effective Date: <u>12/19/2016</u>
Hire Date: <u>8/8/2016</u>	Hours Worked: <u>3 Month/480 Hours</u>
Employee's Name: <u>Veronique Niati</u>	
Department: <u>IQF</u>	

CHANGE (S)		FROM	TO
X	Rate	\$10.00	\$16.00
	Shift Differential		-
	Total	\$10.00	\$16.00

REASON (S) FOR THE CHANGE (S)						
Seniority Increase (Circle One)	480 HRS	6 Month	1 Year	1 1/2 Year	2 Year	Annual
Merit Increase (level 2)						
Other						

ADDITIONAL COMMENTS
<p><i>no raise due</i></p>

Authorized by: <u></u>	Date: <u>12/19/16</u>
Guideline verified: <u></u>	Date: <u>12-16-16</u>
<u></u>	Date: <u>12/20/16</u>
(Department Manager)	
(Human Resources)	
(GM Authorization)	

*NW
12-21-16*

absences



"your workforce management & staffing experts"

3month/6month Evaluation

Employee Name: <u>Veronique nia</u>	Department: <u>ICF</u>
Job Title:	Hire Date: <u>8-8-16</u>
Supervisor: <u>Matt Heaton</u>	Evaluation Period: <u>3 mo</u>

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"/>
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 QA & Food Safety Awareness 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:

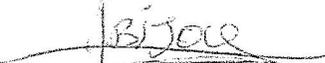
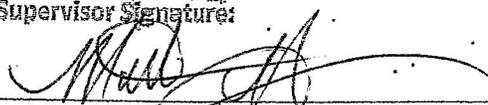
Employee	Supervisor
Are additional resources/tools needed? <i>No</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <i>No</i>	If obstacles or barriers exist, what has been done to eliminate them?

For Employees at their 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

<p>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p><i>Dependable and Steady</i></p>
<p>Employee Comments</p>

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: <i>12-29-16</i>
Supervisor Signature: 	Date: <i>12-19-16</i>