

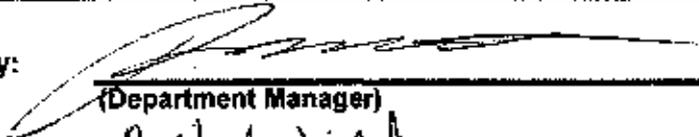
PAYROLL CHANGE REPORT

Today's Date: <u>4/27/2015</u>	Effective Date: <u>5/4/2015</u>
Hire Date: <u>2/10/2015</u>	Hours Worked: <u>3 MONTHS</u>
Employee's Name: <u>Phi Vo</u>	
Department: <u>Flow Wrap</u>	

CHANGE (\$)	FROM	TO
Rate	\$9.00	9.25
Shift Differential	—	—
Total	\$9.00	9.25

REASON (S) FOR THE CHANGE (S)							
<input checked="" type="checkbox"/>	Seniority Increase (Circle One)	480 HRS	6 Month	1 Year	1 1/2 Year	2 Year	Annual
	Merit Increase						
	Other						

ADDITIONAL COMMENTS
Phi has 2 absences as of 2-10-15

Authorized by: <u></u> (Department Manager)	Date: <u>4/28/15</u>
Guideline verified: <u></u> (Human Resources)	Date: <u>4-28-15</u>
<u></u> (GM Authorization)	Date: <u>4/28/15</u>



"Your workforce management & staffing experts"

3month/6month Evaluation for Employees in a New Position

Employee Name: <u>Phi Vo</u>	Department: <u>Flow Wrap</u>
Job Title: <u>flow wrap</u>	Hire Date: <u>2/10/15</u>
Supervisor: <u>Mark Lieser</u>	Evaluation Period: <u>3 month / 480 hrs</u>

Tasks	Critical	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? No	Have additional resources/tools that the employee requested been provided? N/A
Are there any barriers or obstacles to successfully perform the work? No	If obstacles or barriers exist, what has been done to eliminate them? N/A

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

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

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: 4-29-15
Supervisor Signature: 	Date: 4-29-15

25% Raise
5/4/15