



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

Employee Name: <u>Dieu Vuong</u>	Department: <u>FlowWrap</u>
Job Title: <u>flow wrap line</u>	Hire Date: <u>10-21-14</u>
Supervisor: <u>Dale Sennie</u>	Evaluation Period: <u>3mo 480 hrs</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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Communicates information accurately, timely, and respectfully	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 QA & Food Safety Awareness policies & procedures	<input type="checkbox"/>	<input checked="" 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?	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?	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>Employee Comments</p>

This Evaluation has been reviewed with me on this date.

Employee Signature:	Date:
Supervisor Signature:	Date:

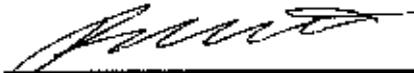
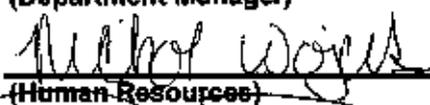
PAYROLL CHANGE REPORT

Today's Date: <u>2/17/2015</u>	Effective Date: <u>2/23/2015</u>
Hire Date: <u>10/21/2014</u>	Hours Worked: <u>440.00</u>
Employee's Name: <u>Dieu Vuong</u>	
Department: <u>Flow Wrap</u>	

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

REASON (S) FOR THE CHANGE (S)							
X	Seniority Increase (Circle One)	<u>30 Day</u>	6 Month	1 Year	1 1/2 Year	2 Year	Annual
	Merit Increase						
	Other						

ADDITIONAL COMMENTS

Authorized by: <u></u>	Date: <u>2/18/15</u>
Guideline verified: <u></u>	Date: <u>2-17-15</u>
<u></u>	Date: <u>2/18/15</u>
(Department Manager)	
(Human Resources)	
(GM Authorization)	

CM6

AOD

Spreadsheet

2/23

Spreadsheet
changed