

PAYROLL CHANGE REPORT

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| Today's Date: <u>5/6/2015</u> | Effective Date: <u>5/18/2015</u> |
| Hire Date: <u>2/23/2015</u> | Hours Worked: <u>415.00</u> |
| Employee's Name: <u>Seth Wallin</u> | |
| Department: <u>Grind</u> | |

| CHANGE (\$) | | FROM | TO |
|-------------|--------------------|---------------|----------------|
| X | Rate | \$9.00 | \$10.50 |
| | Shift Differential | — | — |
| | Total | \$9.00 | \$10.50 |

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

| ADDITIONAL COMMENTS |
|---|
| <p>Seth has one absence.</p> <p style="font-size: 1.2em; font-family: cursive;">Grinding pay increase</p> |

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| Authorized by:  (Department Manager) | Date: <u>5/6/15</u> |
| Guideline verified:  (Human Resources) | Date: <u>5-6-15</u> |
|  (GM Authorization) | Date: <u>5/6/15</u> |



"your workforce management & staffing experts"

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

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|-----------------------------------|--|
| Employee Name: <u>Seth Wallin</u> | Department: <u>COFF Grind</u> |
| Job Title: <u>grinder</u> | Hire Date: <u>2/23/15</u> |
| Supervisor: <u>Mark Lieser</u> | Evaluation Period: <u>3mo. 480hrs</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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Follows through on tasks | <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 | • 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? | 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

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| <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.

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| <p>Employee Signature: <i>Don Walli</i></p> | <p>Date: <i>5/6/15</i></p> |
| <p>Supervisor Signature: <i>Mal. Li</i></p> | <p>Date: <i>5-6-15</i></p> |

\$1.50 Raise