

PAYROLL CHANGE REPORT

Today's Date: <u>4/1/2017</u>	Effective Date: <u>4/10/2017</u>
Hire Date: <u>10/6/2016</u>	Hours Worked: <u>6 Month</u>
Employee's Name: <u>Wat Ochang</u>	
Department: <u>Dimension</u>	

	CHANGE (\$)	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>3/29/17</u>
Guideline verified: <u></u>	Date: <u>3-29-17</u>
<u></u>	Date: <u>3/29/17</u>
(Department Manager)	
(Human Resources)	
(GM Authorization)	

CM 6
 4-10-17
 New
 3-30-17



30-90 Evaluation for Employees in a New Position

Employee Name: <i>Wat Ochang</i>	Department: <i>Dimension</i>
Job Title:	Hire Date: <i>10-6-16</i>
Supervisor: <i>Matt Heater</i>	Evaluation Period: <i>6 month</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 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? <p style="text-align: center;">No</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">No</p>	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> <p style="font-size: 1.5em; font-family: cursive;">Doing well Thank You</p>
Employee Comments

This Evaluation has been reviewed with me on this date.

Employee Signature: <p style="font-size: 1.2em; font-family: cursive;">WATCHANB</p>	Date: <p style="font-size: 1.2em; font-family: cursive;">4-13-17</p>
Supervisor Signature: <p style="font-size: 1.2em; font-family: cursive;">[Signature]</p>	Date: <p style="font-size: 1.2em; font-family: cursive;">4-13-17</p>

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

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

@ 50¢ Rate
10.00 - 10.50