

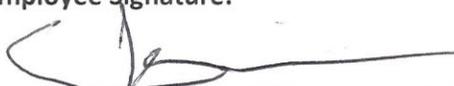
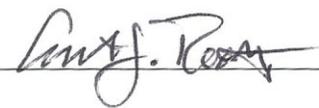
Employee	Supervisor
Are additional resources/tools needed?  <i>No</i>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  <i>No</i>	If obstacles or barriers exist, what has been done to eliminate them?

For Employees at their 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

<b>Supervisor Comments</b> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i> VERY FOCUSED AT TASK AND WILL COMMUNICATE ANY ISSUES. GREAT ATTITUDE AND WILLING TO DO ANYTHING ASKED OF HIM.
<b>Employee Comments</b>

*This Evaluation has been reviewed with me on this date.*

Employee Signature: 	Date: 7-29-16
Supervisor Signature: 	Date: 7-29-16

Quit found another job/higher pay.