

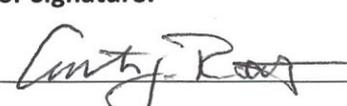
Employee	Supervisor
Are additional resources/tools needed?  <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  <p style="text-align: center;">NO</p>	If obstacles or barriers 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

<b>Supervisor Comments</b>	
<i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>	
<p style="font-size: 1.2em; font-family: cursive;">GOOD JOB AT STAYING BUSY AND BEING A TEAM PLAYER!</p>	
<b>Employee Comments</b>	
	

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

<b>Employee Signature:</b> <p style="font-size: 1.2em; font-family: cursive;">HUMBERTO BEN ROSTR</p>	<b>Date:</b> <p style="font-size: 1.2em; font-family: cursive;">3/11/16</p>
<b>Supervisor Signature:</b> 	<b>Date:</b> <p style="font-size: 1.2em; font-family: cursive;">3/11/16</p>