



"your workforce management & staffing experts"

30-90 Evaluation for Employees in a New Position

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|------------------------------|----------------------------------|
| Employee Name: Wimach Ojulu | Department: Sanitation |
| Job Title: Production | Hire Date: 8/4/15 |
| Supervisor: Demario Robinson | Evaluation Period: 30 Day Review |

| Tasks | Criteria | Acceptable | Needs Improvement | Not-Acceptable |
|--|--|-------------------------------------|-------------------------------------|--------------------------|
| Attendance | <ul style="list-style-type: none"> Reports for all scheduled shifts at the scheduled start time Notifies supervision in advance if unable to report to work as scheduled | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication | <ul style="list-style-type: none"> Effectively exchanges information, written or verbal, with all types of personnel Communicates information accurately, timely, and respectfully | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Skills and Ability to Learn | <ul style="list-style-type: none"> Able to grasp new concepts and applies them to the job Demonstrates technical understanding of the job Asks questions to confirm understanding of concepts | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Quality and Ability to Follow Work Instructions | <ul style="list-style-type: none"> Operates systems and equipment properly Follows work procedures Amount of rework minimal Follows through on tasks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <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 | <ul style="list-style-type: none"> Follows all Safety policies Watches out for others Follows all QA & Food Safety Awareness policies & procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Work and Initiative | <ul style="list-style-type: none"> Able to get along with others and help them complete tasks Does work without being constantly reminded Fits into the norms and expectations of the organization. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <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? <i>making progress & meeting expectations</i> |
| 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 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> | |
| <i>AE does not have any not acceptable Remarks on his review.</i> | |
| Employee Comments | |
| <i>He does no in...</i> | |

This Evaluation has been reviewed with me on this date.

| | |
|--|----------------|
| Employee Signature:  | Date: 9/4/2015 |
| Supervisor Signature:  | Date: 9/4/2015 |