

Design View | Master Pages | Preview PDF

0 1 2 3 4 5 6 7 8 9 10 11

Hierarchy | Structure | View | Order

- form1
 - (Master Pages)
 - Subform1
 - Rectangle1
 - PrintButton
 - SaveAs
 - ResetButton
 - Image1
 - Text1
 - AssociateName
 - BranchName
 - DateOfHire
 - ThirtyDay
 - NinetyDay
 - SixtyDay
 - jobtitle
 - Text4
 - (untitled Subform)
 - TextFieldContainer
 - Attitude
 - TextFieldContainer
 - JobResponsibilities
 - Quantity
 - TextFieldCont:
 - Presentati
 - Independ
 - Teamwork
 - Text5
 - BreaksLun
 - OnTime
 - AllShift
 - Absences
 - Safety
 - Policies
 - (untitled Subform) (page 2)
 - Comments
 - Text6
 - Action1
 - Action2
 - EESign
 - SupvSign
 - (Referenced Objects)
 - (Variables)

Airgas **Training & Assessment Period Performance Evaluation**

Clear All Entries
Save a Copy on my Computer
Print CAR and Fax to HR

30 Day Evaluation
 90 Day Evaluation
 90 Day Evaluation & Annual Performance Plan

Associate Name: _____ Job Title: _____

Location: _____ Date of Hire: _____

Rate each of the 6 areas below using this scale and provide specific examples:
 1-Poor 2-Below Average 3-Average 4-Above Average 5-Excellent
ANY RATING OF A 2 OR 1 REQUIRES AN ACTION PLAN

| | | | | |
|--|--|--|--|--|
| Attitude towards company, coworkers and supervisor | | | | |
| Understanding of Job Responsibilities | | | | |
| Quantity, promptness and accuracy of task completion | | | | |
| Work presentation, neatness and organization | | | | |
| Ability to work independently | | | | |
| Ability to work as part of a team | | | | |

Rate each of the following using this scale and provide specific examples:
 1-Inconstantly 2-Usually 3-Always

| | | | | |
|-------------------------------------|--|--|--|--|
| Takes breaks and lunches | | | | |
| On time for beginning of shift | | | | |
| Works entire shift | | | | |
| No unscheduled absences | | | | |
| Compliance with safety procedures | | | | |
| Complies with policies & procedures | | | | |

ACTION PLANS
Describe the performance that needs to improve and set a target date to meet the goal

Action Plan: _____

Action Plan: _____

Comments: _____

Associate's Signature and Date: _____

Direct Supervisor's Signature and Date: _____