CAST MEMBER EVALUATION

EVALUATE YOUR ABILITY TO PERFORM IN THE FOLLOWING CATEGORIES.

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<th>NAME: ____________________________________</th>
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1. **GUEST SERVICE**
   - How effective are you in meeting the needs of our guests?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

2. **SELF MOTIVATION**
   - Can you continue to work without direct supervision until the tasks are complete?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

3. **APPEARANCE**
   - Are you in the proper uniform when you arrive for your shift?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

4. **ATTITUDE**
   - Are you able to maintain a positive, constructive outlook?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

5. **SAFETY**
   - Do you contribute to a safe overall work area?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

6. **INTERPERSONAL SKILLS**
   - How well do you interact with guests and other cast members?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

7. **INITIATIVE**
   - Do you seek out solutions to problems without constant direction of your supervisors?
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

8. **ATTENDANCE**
   - Your ability to attend work on time and each time you are scheduled.
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

9. **GROWTH POTENTIAL**
   - Rate your overall ability to absorb new concepts and put them to practical use in the work environment.
   - 5-point scale: 1 (Excellent), 2 (Good Fair), 3 (Poor), 4 (Unacceptable)

MANAGEMENT

EVALUATE THE CAST MEMBER’S ABILITY TO PERFORM IN THE SAME CATEGORIES.

1. **GUEST SERVICE**
2. **SELF MOTIVATION**
3. **APPEARANCE**
4. **ATTITUDE**
5. **SAFETY**
6. **INTERPERSONAL SKILLS**
7. **INITIATIVE**
8. **ATTENDANCE**
9. **GROWTH POTENTIAL**
This portion to be filled out by management.

OVERALL PERFORMANCE:_____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUGGESTIONS FOR IMPROVEMENT:___________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REASON FOR THIS EVALUATION:

90 DAY () 6 MONTH () ONE YEAR () OTHER ():________________

ACTION TAKEN BASED UPON THIS EVALUATION:________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CAST MEMBER COMMENTS:_________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We (the undersigned) agree that this evaluation contains accurate information to the best of our knowledge and has been conducted in a professional manner.

CAST MEMBER’S NAME: ____________________________________

MANAGER’S NAME: ____________________________________

CAST MEMBER’S SIGNATURE: ______________________________

MANAGER’S SIGNATURE: ______________________________

DATE: ________________ DATE: ________________
EMPLOYEE IMPROPER CONDUCT FORM

EMPLOYEE’S NAME: __________________________________________

DATE: ___________________ TIME: ___________________ SESSION: ___________________

DESCRIPTION OF INCIDENT: ______________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

EMPLOYEE’S COMMENTS: ______________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

MANAGER’S COMMENTS: ______________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

EMPLOYEE’S SIGNATURE: ___________________ MANAGER’S SIGNATURE: ___________________

DATE: ____________ TIME: ____________ DATE: ____________ TIME: ____________