



# LEVEL 2 SHIFT LEADER

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Store Number: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Training Start Date: \_\_\_\_\_

(Approval must be received from the Area Supervisor and all Level 1 training completed before a team member is entered in Level 2 Training)

Activity	Rating	Comments
Punctuality		
Image		
Handles simultaneous tasks during rush		
Customer Relations		
Order Taking Ability		
Ability to handle stress		
Pizza Making ability		
Oven-tending ability		
Dough Management		
Personnel management		
Hiring hourly personnel		
Training Drivers		
Training Order Takers		
Training pizza makers		
Weighing pizzas consistently		
Paperwork		
Daily report		
Daily food inventory		
Cost percentages		
Hourly sales		
Payroll percentages		
Coupon redemption		
Bi-weekly payroll		
Relief management		
Paperwork completed		

Paperwork Accuracy		
Paperwork Legibility		
Personnel management		
Food cost maintained		
Service maintained		
Store cleanliness		
Paperwork FAXed		
Anticipate needs		
Large Pepperoni time: 55 seconds		
Large Pro Special time:		
Equipment maintenance		
<b>OVERALL RATING</b>		
<b>RATING: 1-UNSATISFACTORY 2-NEEDS IMPROVEMENT 3-SATISFACTORY 4-GOOD 5-OUTSTANDING</b>		

**Relief Manager Experience**

DATE	STORE	SALES VOLUME	RATING	COMMENTS

Recommendations:

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Next 2 week's goals:

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I have read this and discussed it with the evaluator and I (agree) (disagree)

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Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_