



INITIAL REVIEW PERIOD EVALUATION

Review Period: From: \_\_\_\_\_ To: \_\_\_\_\_
Effective Date: \_\_\_\_\_ (If Termination) \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Cost Ctr #: \_\_\_\_\_
Title: \_\_\_\_\_

Employee has successfully completed the "Initial Review Period."
I am extending the employee's probationary period for thirty (30) additional days.
Clinical Nurses Represented by a Collective Bargaining Agreement:
I am terminating the employee.

Authorizing Signatures:
ADMINISTRATOR Signature Date VICE PRESIDENT Signature Date
(Required for Extended Review Periods and Terminations)

Employee Acknowledgement: (Acknowledges the notification; does not infer agreement with part/all of the review)
EMPLOYEE Signature Date

Annual     Interim  
 Review Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Effective Date: (Start of Pay Period) \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Employee #: \_\_\_\_\_  
 Employee Title: \_\_\_\_\_

**Mandatory Requirements Met:** (Evaluation will not be completed until all applicable requirements are completed)

- Yes  No    Annual Education and Competency Requirements  
 Yes  No  N/A Departmental Competencies\*  
 Yes  No  N/A Current required License(s), Registration, and/or Certification(s)  
 Yes  No  N/A Positions with Job-specific Competencies\*  
 Yes  No    Annual Employee Physical\*

*\*Completed within last 12 months*

4 Results exceed performance standards	3 Results meet performance standards	2 Results do not consistently meet performance standards	1 Unsatisfactory - Results fail to meet performance standards	Performance Rating								Rating	Comments  (not-required for "Results Meet Performance Standards")
				Self				Supervisor					
				4	3	2	1	4	3	2	1		

**COMPETENCIES** (55% of Overall Rating)

1	The quality of work in performing all essential job duties on a consistent basis										
2	The quantity of work in performing all essential job duties on a consistent basis										
3	Performs other tasks as requested willingly and completely										
<b>Competencies Sub-Total (non-wtd avg)</b>											

**CUSTOMER SERVICE** (15% of Overall Rating)

1	Demonstrates professional image when dealing with customers										
2	Treats everyone in a caring professional manner to foster a positive image and instill confidence in the services rendered										
3	Ensures all information is handled in a confidential, professional and tactful manner.										
4	Demonstrates courteous inter-personal and telephone etiquette										
5	Respects the rights and dignity of all customers (including but not limited to patients, their families and guests, co-workers, physicians) and fosters staff compliance										
<b>Customer Service Sub-Total (non-wtd avg)</b>											

**SELF-MANAGEMENT** (15% of Overall Rating)

1	Conforms to departmental dress standards, Wears ID badge at all times and adheres to H&C Nursing's Code of Conduct										
2	Completes assignments within deadlines or negotiates alternative actions and time frames in order to achieve desired outcomes										
3	Follows H&C Nursing's safety, infection control & employee health standards										

4	Demonstrates responsibility for personal growth, development and professional knowledge and competency									
5	Adheres to H&C Nursing Agency's policies and procedures.									

**Self-Management Sub-Total** (non-wtd avg)

**CORE VALUES** (15% of Overall Rating)

1	Supports the Mission, Vision and Values of H&C Nursing Care & Staffing Agency									
2	Demonstrates a positive, supportive, respectful and helpful attitude in interaction with all customers (including but not limited to patients, their families and guests, co-workers, physicians)									
3	Functions as a team member to organize and prioritize responsibilities to complete daily work requirements									

**Core Values Sub-Total** (non-wtd avg)

**OVERALL PERFORMANCE RATING /** (weighted average)

**Manager's Comments:**

**Employee's Comments:**

**Goals & Objectives for Next Review Period:** (Any Ratings of "2" or "1" must be addressed with employee and a Performance Improvement Plan put in place)

**Signatures:**

\_\_\_\_\_  
**SUPERVISOR Signature** Date

\_\_\_\_\_  
**SUPERVISOR Print Name**

\_\_\_\_\_  
**EMPLOYEE Signature** Date

(Acknowledges the discussion; does not infer agreement with part or all of the review.)