

INITIAL REVIEW PERIOD EVALUATION

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

Employee Name:										
	Employee has successfully completed the "Initial Review Period." Manager certifies that the employee has competed the new hire departmental checklist and successfully completed job specific competencies.									
	Lam overading the employee's probationary paried for thirty (20) additional days									
	I am extending the employee's probationary period for thirty (30) additional days.									
	The employee's HR Client Partner has been notified of the reasons for this extension.									
	The reasons for this extension and my expectations have been explained to the employee.									
	A Performance Improvement Plan (PIP) has been put in place and a copy is attached.									
	The employee has been informed that he/she will be ineligible to use paid leave (PTO) during this extended review period.									
	Clinical Nurses Penrosented by	a Collective Pare	aining Agraaman	6.						
	Clinical Nurses Represented by a Collective Bargaining Agreement:									
	I am extending the employee's initial review period for a second and final thirty (30) days increment.									
	☐ The employee's HR Client Partner has been notified of the reasons for this extension.									
	☐ The reasons for this extension and my expectations have been explained to the employee.									
	☐ A Performance Improvement Plan (PIP) has been put in place and a copy is attached.									
	The employee has been informed that he/she will be ineligible to use paid leave (PTO) during this extended review period.									
☐ I am terminating the employee.										
A41	1-1									
Authorizing Signatures:										
	ADMINISTRATOR Complians	Data	VICE PO	ESIDENT Signature						
	ADMINISTRATOR Signature	Date			Date					
			(Required for Exterio	led Review Periods and Terminations)						
Employee Acknowledgement: (Acknowledges the notification; does not infer agreement with part/all of the review)										
	EMPLOYEE Signature	Date								

								71					A H&C Nursing Care
	iew Period:	From:	Annual To:] [nteri	m						H&C Nursing Care & Staffing Agency
Effe	ctive Date:	(Start of	f Pay Period) -			_		_					PERFORMACE EVALUATION
Emp	oloyee Name:	M											quirements Met: (Evaluation will not be completed until all ts are completed)
Emp	oloyee #:							.]]] [Ye[No	Annual Education and Competency Requirements
Emp	oloyee Title:									Ye[N€	N/ADepartmental Competencies*
										Ye[N√	N/ACurrent required License(s), Registration, and/or Certification(s)
										Ye[N√	N/APositions with Job-specific Competencies*
										Ye[No	Annual Employee Physical*
				_									*Completed within last12 months
1	4 3	2	1							WANT			
perfor	exceed Results meet performance	Results do not consistently meet	Unsatisfactory - Results fail to meet				ma	nce			· · · · · · · · · · · · · · · · · · ·	ing	Comments
stan	dards standards	performance standards	performance standards	4	3	elf 2	1	4	3	rviso 2	1 1	Rating	(not-required for "Results Meet Performance Standards")
CO	MPETENCII	ES (55% c	of Overall Ratin	ng)									
1	The quality of wor essential job dutie												
2 The quantity of work in performing all essential job duties on a consistent basis													
3	Performs other ta and completely	asks as requested willingly											
	Competencies Sub-Total (non-wtd avg)												
CU	STOMER SI			all Ra	ating)	_		_	_	_		Ţ
Demonstrates professional image when dealing with customers													
2	Treats everyone i manner to foster confidence in the	a positive im	age and instill										
3	Ensures all inform confidential, profemanner.												
4	Demonstrates contelephone etiquet		-personal and										
5	Respects the righ customers (include patients, their fam workers, physicia compliance	ling but not linilies and guants	imited to ests, co- ers staff										
	Customer Service Sub-Total (non-wtd avg) SELF-MANAGEMENT (15% of Overall Rating)												
SE	LF-MANAGE	EMENT	(15% of Overa	all Ra	ting)		_	_	_	_	-	
1	Conforms to depa Wears ID badge a H&C Nursing's Co	at all times a	nd adheres to										
	Completes assign	nments within	n deadlines or			П							

negotiates alternative actions and time frames in order to achieve desired

Follows H&C Nursing's safety, infection control & employee health standards

outcomes

3

Demonstrates responsibility for personal	
4 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	
Demonstrates a positive, supportive, respectful and helpful attitude in interaction with all customers (including but not limited to patients, their families and guests, coworkers, physicians)	
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)	EASTERN DAY OF WITH STREET
Manager's Comments:	Employee's Comments:
inanagor o commento.	
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
	SUPERVISOR FIIIL Name
	EMPLOYEE Signature Date
	(Acknowledges the discussion; does not infer agreement
	with part or all of the review.)