



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."** Manager certifies that the employee has completed the new hire departmental checklist and successfully completed job specific competencies.
- ☐ **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 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.**

Authorizing Signatures:

ADMINISTRATOR Signature

Date

VICE PRESIDENT Signature
(Required for Extended Review Periods and Terminations)

Date

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: _____

☐ 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*

4	3	2	1
Results exceed performance standards	Results meet performance standards	Results do not consistently meet performance standards	Unsatisfactory - Results fail to meet performance standards

Self				Supervisor			
4	3	2	1	4	3	2	1

Rating

(not-required for "Results Meet Performance Standards")

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										
Competencies Sub-Total (non-wtd avg)											

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										
Customer Service Sub-Total (non-wtd avg)											

[illegible]

Signatures:	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> SUPERVISOR Signature	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> SUPERVISOR Print Name	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> EMPLOYEE Signature	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

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