



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

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



PERFORMACE EVALUATION

*Completed within last 12 months

COMPETENCIES (55% of Overall Rating)

CUSTOMER SERVICE (15% of Overall Rating)

SELF-MANAGEMENT (15% of Overall Rating)

[illegible]

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)

CORE VALUES (10% 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.)