

 Review Period:
 From:
 To:

Effective Date:

(If Termination)

INITIAL REVIEW PERIOD EVALUATION

Emplo	mployee Name: Employee #: Cost Ctr #: Title:									
	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.									
	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.									
	<ul> <li>The employee has been informed that he/she will be ineligible to use paid leave (PTO) during this extended review period.</li> </ul>									
	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.									
	<ul> <li>A Performance Improvement Plan (PIP) has been put in place and a copy is attached.</li> </ul>									
	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.									
Autho										
	ADMINISTRATOR Signature Date 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:						1	H&C Nursing Care							
Review Period:       From:       To:         Effective Date:       (Start of Pay Period)							PERFORMACE EVALUATION							
Employee Name:     Employee #:     Employee Title:											<b>juirements Met:</b> (Evaluation will not be completed until all is are completed) *Completed within last12 months			
I	4	3	2	1	_									
perfor	Results exceed Results meet performance performance standards standards		Results do not consistently meet performance	Unsatisfactory - Results fail to meet performance						Supervisor			Rating	Comments
Stair	luaius	stanuarus	standards	standards	4	3	Self		4			-	Rat	(not-required for "Results Meet Performance Standards")
CO				of Overall Ratir	ng)					_	_			
1			k in performi s on a consi											
2	2 The quantity of work in performing			ming all						$\vdash$	T			
3	Performs other tasks as requested willingly			$\vdash$	┢			-	⊢	+	-			
<sup>3</sup> and completely Competencies Sub-Total							<b>Fot</b> a		on-v	vtd a	ava)			
CU	CUSTOMER SERVICE (15% of Overall Rating)													
1	1 Demonstrates professional image when dealing with customers													
2	Treats everyone in a caring professional													
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													
0.5	Customer Service Sub-Total (non-wtd avg) SELF-MANAGEMENT (15% of Overall Rating)													
SE	1					ating				Γ	Γ	Γ		
1	Conforms to departmental dress standards, Wears ID badge at all times and adheres to H&C Nursing's Code of Conduct													
2	2 Completes assignments within deadlines or negotiates alternative actions and time frames in order to achieve desired outcomes													
3	3 Follows H&C Nursing's safety, infection control & employee health standards													

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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-wt	d avg)
CC	DRE 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	
8.	Core Values Sub-Total (non-wt	d avg)
OV	ERALL PERFORMANCE RATING / (weighted average	
		Employee's Commenter
Ivia	nager's Comments:	Employee's Comments:
0	ala 8 Obiantiwas fan Navt Baview Bariade	
	als & Objectives for Next Review Period: (Any Ra or "1" must be addressed with employee and a Performance Improvemer	
	i place)	
		<u></u>
		Signatures:
		SUPERVISOR Signature Date
		SUPERVISOR Print Name
		EMPLOYEE Signature Date (Acknowledges the discussion; does not infer agreement
		with part or all of the review.)
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