EMPLOYEE PERFORMANCE REVIEW

NAME: _____

Job Title: _____

Evaluation Period: _____ through _____

Reviewer: _____

Supervisor: _____

General Comments:

EMPLOYEE DISCIPLINE REPORT:

❑ Prior Oral Warning Given ❑ First Warning ❑ Second Warning ❑ Last Warning

Describe violation or reason for warning/discipline:

Describe specific expectations for improvement/correction:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Note: Signature by Employee does not indicate agreement with the reason for the action, only acknowledgment of knowledge of the information stated above.

PERFORMANCE ACTION PLANNING:

Describe the major job responsibilities and objectives related to “Core Performance” and assignment specific "Customized" Competencies for the performance period. As part of the supervisor/employee discussion, consider the ways to develop knowledge, skills and abilities within the specific competencies during the performance review period.

Job Knowledge/Skills: ● Possesses sufficient skill and knowledge to perform key components of the job. ● Makes effort to stay up to date with changing technology, or other requirements of the job. ● Provides assistance to others if needed.	Comments/Action Plan Specifics:
Work Habits/Quality: ● Plans and organizes work to accomplish assigned duties. ● Makes good use of time and meets time frames for assignments. ● Follows policies and procedures. ● Pays attention to important details. ● Structures activities to maximize speed and results. ● Cares for equipment and the work area.	Comments/Action Plan Specifics:
Interpersonal Skills: ● Shows respect and consideration for others. ● Fosters and maintains positive relationships. ● Maintains professional conduct and exhibits courtesy to patients. ● Uses appropriate business-like communication to accomplish job duties. ● Works cooperatively in groups and demonstrates leadership skills when appropriate.	Comments/Action Plan Specifics:

Productivity/Effectiveness:	Comments/Action Plan Specifics:
● Completes work accurately, thoroughly, and neatly. ● Completes volume of work that meets established standards in a timely manner. ● Identifies work related problems and finds, recommends and implements effective solutions as appropriate. ● Accepts ownership and responsibility.	
Attendance/Punctuality:	Comments/Action Plan Specifics:
● Is at work on time and is ready to work and adheres to work schedule, unless on an authorized leave of absence.	
Customized Competencies:	Comments/Action Plan Specifics:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Note: Signature by Employee does not indicate agreement, only acknowledgment of the information stated.

PROGRESS REVIEW

Follow-up Period: ❑ 3 Months ❑ 6 Months ❑ Annual

1. ❑ Progressing well, no significant obstacles

   ❑ Not Progressing, significant obstacles encountered
   Provide information on reasons for not progressing in narrative below;
   Establish an "Improvement Plan" (if necessary).

2. Steps to take to achieve objectives (provide information in the narrative section)

3. Modifications

Employee Initials: _____ Supervisor Initials: _____

Reviewer Initials**:**_____ **Date:** _____

Narrative: (attach additional sheets if necessary)

Supervisor Signature: _____ Date: _____

FINAL REVIEW OF PERFORMANCE NARRATIVE:

Summarize conclusions about overall performance (attach additional sheets if necessary):

OVERALL PERFORMANCE RATING:

Employee Overall Core Competencies Performance Rating

EXCEEDS PERFORMANCE	MEETS PERFORMANCE OBJECTIVES	SATISFIED WITH OVERALL PERFORMANCE
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Merit Pay Increase ❑ Yes ❑ No	Describe:
No Pay Adjustment ❑ Yes ❑ No	Reason:
Merit Increase Deferred ❑ Yes ❑ No	Describe:
Merit Increase Denied ❑ Yes ❑ No	Reason:
❑ Post-Introductory Period Employment Approved	
❑ Post-Introductory Period Employment Denied, Next Review Scheduled: _____	
Supervisor Signature: _____ Date: _____ Reviewer Signature: _____ Date: _____ Employee Signature: _____ Date: _____	

PERFORMANCE IMPROVEMENT PLAN

Performance Area of Needed Improvement (include detailed factual information regarding the performance challenge):

Improvement Expectations:

Improvement Plan (Include the steps that will be taken to improve performance. Information should cover any meeting schedules, training, counseling schedules, progress, check points and specific time frames to complete all requirements):

I agree with the Improvement Plan: ❑ Yes ❑No

Employee's Comments:

Supervisor's Comments:

Supervisor Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____

Employee Signature: _____ Date: _____