

PERFORMANCE EVALUATION FOR HOURLY EMPLOYEES

Date: _____

Employee Name: _____ **Title:** _____

Hire Date: _____ **Date of Last Review:** _____

- DEFINITIONS:**
- O**utstanding - far exceeds requirements of the job
 - V**ery Good - usually exceeds job requirements
 - S**atisfactory - meets all job requirements
 - F**air - meets minimum job requirements
 - U**nsatisfactory - falls well below requirements of the job and is unacceptable

	O	V	S	F	U
1. ACCOUNTABILITY Accepts responsibility for actions and/or accomplishments					
2. PUNCTUALITY & ATTENDANCE Rarely absent, works required hours, arrives punctually.					
3. DECISION-MAKING Demonstrates effective decision-making					
4. APPEARANCE OF WORK AREA General appearance of employee's work area is kept neat and orderly.					
5. JOB KNOWLEDGE Possesses, applies and demonstrates proficiency in the necessary common and technical knowledge required for the position.					
6. QUALITY OF WORK Shows neatness, thoroughness & accuracy in all tasks					
7. POLICY & PROCEDURES Follows organization's policies and procedures					
8. COMPLETION OF ASSIGNMENTS Works effectively with given work-load to successfully meet stated deadlines					
9. COOPERATION Willingness to work with associates, supervisor and physician.					
10. ENFORCE SAFETY PRACTICES Follows safety rules and demonstrates safe work practices					

Employee Name: _____ Title: _____

OVERALL PERFORMANCE:

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Not Effective
Performance has been clearly distinguished in all aspects of the position	Performance has been exceptional in the major aspects of the position	A fully competent, highly valued performer	Performance has been below the standards and requirements of the position	Performance has been well below standard and is unacceptable

OFFICE MANAGER'S REMARKS AND RECOMMENDATIONS:
SPECIFIC GOALS/PLAN:
EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Evaluated by: _____ **Date:** _____