


DEPARTMENT/UNIT LEADER PERFORMANCE APPRAISAL

Employee Name: _____				Job Title: _____	
Date of Evaluation: _____				Evaluation Period From: _____ To: _____	
Appraiser: _____				Appraiser's Job Title: _____	
Total Score: _____				Type of Review: ___ Annual ___ Special	
	Goal Result (Score 1-5) (A)	% Weight (B)	Total Point Value (A X B)	Comments & Commendations	
Hospital Goal:		10%			
Hospital Goal:		8%			
Hospital Goal:		7%			
Department Goal:		20%			
Department Goal:		25%			
Department Goal:		30%			
		100%	OVERALL SCORE _____		
					

Personal Development Goals or Performance Improvement Plans for upcoming review period:

- Leadership Responsibilities Self Evaluation Completed and Attached
 Behavior Standards Self Evaluation Completed and Attached

Employee's response to performance appraisal conference:

Employee's Signature: _____ Date: _____

Appraiser's response to performance appraisal conference:

Appraiser's Signature: _____ Date: _____

