

EMPLOYEE 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
Behavioral Standards, Values Statement & Code of Ethics		20%		
Housekeeping Duties: Job Function 1		10%		
Other Housekeeping Duties: Job Function 2		4%		
Housekeeping II Duties: Job Function 3		6%		
Hospital Goal:		6%		
Hospital Goal:		7%		
Hospital Goal:		7%		
Department Goal:		13%		
Department Goal:		13%		
Department Goal:		14%		
		100%	OVERALL SCORE _____	



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

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: _____