


## SENIOR 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:		30%		
Hospital Goal:		30%		
Hospital Goal:		30%		
Department Goals		10%		
		100%	<b>OVERALL SCORE</b> _____	
				

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: \_\_\_\_\_

