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| **Performance Review Form : AD Operation Staff** | | | | |
| **Name of Employee:** | | | **Employee No:** | |
| **Review Date:** | | | **Position:** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Driver’s License** | **DOH License** | **IV Qualified** | **Sick Leave Banding** | | YES / NO | YES / NO | YES / NO |  |   **Position Objectives (*set by Manager in accordance with Position Description*):** | | | | |
| 1. Time and Attendance (Kronos Punch Data, Sick Leave Banding) | | | | |
| 1. Clinical Competency (DOH License, Patient Contacts, CME Attendance, Clinical Incidents, NE CSMP) | | | | |
| 1. Driving Skills (Driving License, Driving Error / At Fault Incidents / Accidents) | | | | |
| 1. Teamwork & Interactions (With Stakeholders, Colleagues, Leadership Team) | | | | |
| 1. Routine Daily / Monthly Task Involvement (Daily Checks, QHSE Surveys, Routine Cleaning) | | | | |
| 1. Disciplinary Actions (Verbal, Written, Final) | | | | |
| 1. ePCR Compliance Scores | | | | |
| 1. Overtime Assistance | | | | |
| 1. LMS Completion of All Mandatory Courses | | | | |
| 1. Professionalism (Uniform, General Appearance, Attitude, Company Representation)  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Time and Attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Clinical Competency | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Driving Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Teamwork & Interactions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Routine Daily / Monthly Task Involvement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Disciplinary Actions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | ePCR Compliance Scores | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Overtime Assistance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | LMS Completed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Professionalism | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | **Total Score** |  |  |  |  |  |  |  |  |  |  | | **/100** | | | | | | | | | | | | | | |
| **Overall assessment:** | | | | |
|  | **Significantly Exceeds Expectations (100-95)** |  | **Exceeds Expectations in some areas (94-90)** | |
|  | **Meets Expectations (89-65)** |  | **Partially meet Expectations (64-45)** | |
|  | **Needs Improvement (on action plan) (44-0)** |  | **Development Potential** | |
| **Manager Comments:** | | | | |
|  | | | | |
| **Development plan if required:** | | | | |
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| ……………………………………………… | | | | …………………….…….. |
| Manager: Date | | | | |
| **Comment by Employee (including areas you would like further development):** | | | | |
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| ……………………………………………… | | | | …………………….…….. |
| Employee: Date | | | | |
| **Final Comment by Manager:** | | | | |
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| ……………………………………………… | | | | …………………….…….. |
| Manager: Date | | | | |