

FAITH MEDIPLEX
PERFORMANCE EVALUATION

EMPLOYEE NAME: _____

POSITION: _____ **HIRE DATE:** _____

DATE OF APPOINTMENT TO POSITION: _____ **ANNIVERSARY DATE:** _____

	5	4	3	2	1
	Excel- lent	Above Expect.	Meets Expect.	Below Expect.	Poor
Conduct	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Efficiency/Industry	_____	_____	_____	_____	_____
Understanding of duties	_____	_____	_____	_____	_____
Quality of work/Creativity	_____	_____	_____	_____	_____
Physical care of patients	_____	_____	_____	_____	_____
Spiritual care of patients	_____	_____	_____	_____	_____
Relations with colleagues	_____	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____	_____
Neatness	_____	_____	_____	_____	_____

General remarks _____

Evaluation completed by: _____ **Position:** _____

Reviewed by me: _____ **(Employee's signature)** **Date:** _____

Salary increment: _____ **Next performance review:** _____