PERFORMANCE APPRAISAL FOR JOB ORDER

**MEDICAL SERVICES**

For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Period)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPLOYMENT/COLLEGE ASSIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruction: Please put a check (🗸) in the box that corresponds to your rating each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items on which to be rated | Unsatisfactory1 | Fair2 | Satisfactory3 | Very Satisfactory4 | Outstanding5 |
| 1 | Demonstrates knowledge and understanding of the assigned job |  |  |  |  |  |
| 2 | Maintains up to date knowledge, skills & certification |  |  |  |  |  |
| 3 | Shows availability as a resource person for staff wellness  |  |  |  |  |  |
| 4 | Management of the job in a crises situation |  |  |  |  |  |
| 5 | Communicates effectively |  |  |  |  |  |
| 6 | Neatness and personal hygiene; Wearing of proper prescribed uniform. |  |  |  |  |  |
| 7 | Follows safety measures & suitable intervention |  |  |  |  |  |
| 8 | Set priorities for patient’s problems |  |  |  |  |  |
| 9 | Responsive and courteous to client inquiries |  |  |  |  |  |
| 10 | Physically fit and meets energy job requirement |  |  |  |  |  |
| 11 | Work product is complete, accurate and in an acceptable format |  |  |  |  |  |
| 12 | Accuracy of medical report |  |  |  |  |  |
| 13 | Punctuality & regularity of attendance |  |  |  |  |  |
| 14 | Shows work ethic, integrity and sensitivity to confidentiality. |  |  |  |  |  |
| 15 | Involvement in University activities. |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |
| **FINAL RATING** |  | **ADJECTIVAL RATING** |  |

NARRATIVE REPORT (By Rating Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 I certify that the above performance evaluation is based on the actual accomplishment of the ratee and that I have discussed my evaluation with him/her.

Recommendation: ( ) to be retained ( ) to be replaced

|  |
| --- |
|  |
| Signature of Rater/Date |
|  |
| Signature of Ratee/Date |