**Instructions:**

1. **Each employee** will complete the employee information section and the self-evaluation column prior to meeting with their manager or supervisor.   
   1. **Performance Objectives** – Document and rate your performance and progress against the objectives from your last review. You can also attach a copy of your prior year performance objectives.
   2. **Position Specific Functions –** Document and rate your performance of specific functions of your job description.
   3. **Shared Values** – Rate your performance compared to the Lifespan Shared Values. Refer to the attached ***Shared Values Observable Behaviors Worksheet*** for descriptions of behaviors.
   4. **New Goals and Objectives** – Fill in your suggested goals and objectives to review with your manager during your performance review.
   5. **Employee Comments:** Provide any additional comments about your performance you may have.
   6. **Corporate Compliance and Mandatory Training** – Initial this section to affirm that you understand you are responsible for knowing about the Lifespan Corporate Compliance Program and adhering to Lifespan’s code of Conduct and General Compliance Policies.

1. **Each manager** or supervisor will complete the manager information section and the manager evaluation column once the self-evaluation is received but prior to the performance review meeting.   
   1. **Performance Objectives** – Rate the employee’s performance and progress against the objectives from the last review. You can also attach a copy of your employee’s prior year performance objectives.
   2. **Position Specific Functions –** Rate the employee’s performance of specific functions of the job description.
   3. **Shared Values** – Rate the employee’s performance compared to the Lifespan Shared Values. Refer to the attached **Shared Values Observable Behaviors Worksheet**for descriptions of behaviors.
   4. **New Goals and Objectives** – Fill in the employee’s new goals and objectives for the coming year
   5. **Performance Rating** – Establish an overall performance rating and add in any comments.
   6. **Corporate Compliance and Mandatory Training** – Ensure that the employee initials to indicate agreement with this statement. While we **no longer require that you attach a Net Learning transcript**, it is your responsibility as a manager to ensure your employees complete all mandatory training.
2. Once the performance review is complete, **send a signed paper copy of the form before October 1, 2018** to human resources, Coro East 2A. Mark the envelope with the name of both your affiliate and department. Please keep a copy for your records and give a signed copy to the employee.

# Employee AND manager information

| **Employee Name** | Nichole Amoroso | | | **Manager Name** | Debra Napert |
| --- | --- | --- | --- | --- | --- |
| **Employee ID** | 316446 | | | **Manager Phone #** | 401-793-4661 |
| **Department** | Hematology | **Position** | Med Lab Technician | **Last Review (mo/yr)** | September 17 |
| **Affiliate** | TMH | | | **Last Rating** | 2 |
|  | | | | | |
| **Please use the following scale to rate performance:  Exceptional Performance – EP, Successful Performance – SP, Inconsistent Performance – IP** | | | | | |

# Prior Performance objectives:

|  |  |  |
| --- | --- | --- |
|  | Self | Manager |
| Perform Retic QC, upload raw data, etc. | EP | Choose |
| Continuing education to obtain a degree as a MLS/MT | IP | Choose |
| Click or tap here to enter text. | Choose | Choose |
| Click or tap here to enter text. | Choose | Choose |

# Position Specific Functions:

|  |  |  |
| --- | --- | --- |
|  | Self | Manager |
| Med Lab Technician consistently applies the corporate values of respect, honesty and fairness. Performs laboratory procedures following clearly prescribed standard operating procedures and established departmental policies and practices. Assists in maintaining laboratory readiness, may include cleaning, preparing work area and instruments and stocking supplies. Operates mechanical and/or semi-automated equipment when required, participates in QC procedures and equipment maintenance. Ability to operate equipment and instruments and to perform all procedures and tests within assigned laboratory section and interpret them for accuracy. Participates in quality Assurance and Improvement programs, as needed. | EP | Choose |

# Shared Values:

|  |  |  |
| --- | --- | --- |
|  | Self | Manager |
| **C**ompassion: Delivering care and comfort with empathy and kindness. | EP | Choose |
| **A**ccountability: Taking ownership of actions and their consequences. | EP | Choose |
| **R**espect: Placing the highest value on every individual’s well-being regardless of personal and professional differences. | EP | Choose |
| **E**xcellence: Always providing safe, high quality, innovative care and service. | EP | Choose |
| New Goals and objectives:  |  | | --- | |  | | | |
| Learn QC for new Sysmex instrumentation. | | |
| Goal 2- Click or tap here to enter text | | |
| Goal 3- Click or tap here to enter text | | |

# Employee Comments:

|  |
| --- |
| Please use the space below if you wish to comment. |
| Click or tap here to enter text. |

# performance ratinG:

|  |  |
| --- | --- |
| **Overall Performance Rating** | Choose |
| Manager Comments: Click or tap here to enter text. | |

# Corporate Compliance & Mandatory training:

|  |  |  |
| --- | --- | --- |
| As a Lifespan employee, I understand I am responsible for knowing about the Lifespan Corporate Compliance Program and adhering to Lifespan’s code of Conduct and General Compliance Policies. | Please initial to indicate agreement with this statement |  |

This summary was used as a guide for discussion of employee performance and development. We agree that the comments written as part of this record accurately summarize the conversation that took place. We acknowledge that signing this document does not necessarily imply agreement with the content.

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_