**Position Description/Evaluation**

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| --- | --- |
| **Department Name/Cost Center:** | **Employee Name/3-4ID (Please Print) :** |
| **Job Title:** | **Effective Date:** |
| **Reports to (Title):** | **Supervises:**  **(Positions)** |
| I have reviewed and understand these job requirements. I accept responsibility for performance of the requirements.  **Employee Signature/Date:** | |

**I. Position Summary:**

**II. Position Requirements:**

1. **Licensure/Certification/Registration:**
2. **Education:**
3. **Experience:**
4. **Special qualifications:**

**III. Degree of Supervision Required:**

**IV. Working Conditions:**

Hospital rooms, common areas, clinical departments and hospital grounds. Potential hazards include:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exposure to** | None | Some | Frequent | Very Frequent | **Exposure to** | None | Some | Frequent | Very Frequent |
| • toxic/caustic chemicals |  | **X** |  |  | • blood or body fluids | **X** |  |  |  |
| • extreme conditions, hot or cold |  | **X** |  |  | • communicable diseases | **X** |  |  |  |
| • dust/fumes/ gases (including asbestos) |  | **X** |  |  | • unprotected heights | **X** |  |  |  |
| • moving mechanical parts |  | **X** |  |  | • CRT (computer) monitor | **X** |  |  |  |
| • potential electric shock | **X** |  |  |  | • frequent, repetitive motions |  |  | **X** |  |
| • x-ray electro- magnetic energy | **X** |  |  |  | • Other (as listed) |  |  |  |  |
| • high pitched noises |  | **X** |  |  | • |  |  |  |  |
| • needles or other sharp objects | **X** |  |  |  | • |  |  |  |  |

**V. Physical Requirements: 12 Hours**

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| --- | --- | --- |
| ***Physical Requirements*** | ***The minimum requirements of this position require the individual to:*** | ***Evaluate the requirements and activity percentage in the time for this position based on the following:*** |
| Sedentary Work  Light Work  Medium Work  Heavy Work  Very Heavy work | Stand for **4-6** hours(s) per day  Sit for **2** hour(s) per day  Walk for **2** hour(s) per day  Perform repetitive task and motions **2** hour(s) per day  Distinguish colors  Hear alarms/telephone/tape recorder/normal speaking voice  Have good manual dexterity  Have good eye-hand-foot coordination  Have clarity of vision:  Near(<20”);    Mid(>20”-<20’);  Far (>20’) | 1 – Not at all (0%)  2 – Occasionally (1-33%)  3 – Frequently (34-66%)  4 –Continuously (67-100%)  **2** Climbing  **2** Bending  **2**Crouching  **2** Squatting  **2** Crawling  **2** Kneeling  **2** Balancing  **2** Pulling with force  **3** Reaching above head  **3** Reaching above shoulder  **2** Twisting at waist  **2** Push/Pull (up to **100\_**lbs)  **If weight is < > please indicate below.**        Push/Pull (up to **40** lbs)  **2** Lift/carry (up to**\_35\_lbs**)  **If weight is < > please indicate below.**       Lift/carry (up to **50** lbs)  **2** Lift from floor level up  **2** Lift from waist level up  **2** Lift above shoulders |

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| POSITION SPECIFIC TECHNICAL- Insert job duties | | | | | | | | | | | | | | | |
| **Primary population foci for these competencies:** | | | | | | | | | | | | | | | |
| **Ages:** |  | |  | |  | | |  | | | |  | | | |
| Preterm Infant | | Infant | | Pediatric | | | Adolescent | | | | Adult | | | | Late Adult |
| **Ethnicities: (check those most frequently seen)** | | | | | | | | | | | | | | | |
| White | | African American | | Hispanic | | | Asian | | | | Native American | | | | Other |
| Competency Area | | | | | | Supervisor Evaluation | | | **Method for Determining Competency** | | | | **\* for attached comments** | | |
| Demonstrates competency in the following selected procedures (see competency verification documents):  Hospital Specific:   * Environment of Care * HIPAA Security * Hand Hygiene   Unit Specific: | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
|  | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
| Performs other duties as assigned. | | | | | | Proficient  Opportunity for Development | | | Observed  Demonstrated  Verbalized  Tested | | | |  | | |
| **Record the Score for this section:**  **POSITION SPECIFIC TECHNICAL RATINGS**:  95% - 100% of ratings are Proficient  80% - 94% of ratings are Proficient  70% - 79% of ratings are Proficient  60% - 69% of ratings are Proficient  Less than 60% of ratings are Proficient | | | | | | 30 points  20 points  10 points  5 points  0 points | | | |  | | | | **Score: \_\_\_\_\_\_** | |

#### From the section above, the percentage of items which employee is Proficient determines their Performance level.

**95 – 100 = Top Performer**

**90 – 94 = High Performer**

**80 – 89 = Good Performer**

**70 – 79 = Mid-Level Performer**

**60 – 69 = Low Performer**

**< 60 = Unsatisfactory Performer**

***\* Scores below 70 require a written performance improvement plan.***

Additional performance information which influences your evaluation.

**Commendations or Recognition Received During this Evaluation Period:**

**Coaching, Counseling or Disciplinary Actions During this Evaluation Period:**

**Nature and level of action taken: Resolution or Outcome:**

Attach a copy of any performance improvement plans or written counseling documentation, if applicable.

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| **Supervisor Comments:** |

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Supervisor Signature/Date

Reviewing Supervisor Signature/Date

|  |
| --- |
| **Employee Comments:** |

**Please list your goals for the next year as well as any educational or training needs you may have.**

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Employee Signature/Date