**Position Description/Evaluation**

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| ***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[x]  Medium Work[ ]  Heavy Work[ ]  Very Heavy work | [x]  Stand for **4-6** hours(s) per day[x]  Sit for **2** hour(s) per day[x]  Walk for **2** hour(s) per day[x]  Perform repetitive task and motions **2** hour(s) per day[x]  Distinguish colors[x]  Hear alarms/telephone/tape recorder/normal speaking voice[x]  Have good manual dexterity[x]  Have good eye-hand-foot coordination[x]  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 points20 points10 points5 points0 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.

|  |
| --- |
| **Supervisor Comments:** |

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

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.**

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

Employee Signature/Date