

Employee:

Facility:



Skill: CNA CMT LPN RN OTHER

Table with 8 columns: Date, Shift, Unit, Time In, Time Out, Lunch, Total Hours, Client Initial

Daily Evaluation

E – Excellent G – Good F – Fair U - Unsatisfactory

- 1. Meets dress code requirements E G F U
2. Patient care meets standards E G F U
3. Meets safety standards E G F U
4. Meets infection control standards E G F U
5. Documentation meets standards E G F U
6. Completes work timely E G F U
7. Follows directions E G F U
8. Cooperative w/ co-workers E G F U
9. Courteous to patients E G F U
10. Punctuality E G F U

Client Agreement

The signature of a client's authorized person verifies that the hours worked by Integrity Health Group personnel are accurate and work was performed satisfactorily.

Time and Travel Late Call Other

By signing I attest this slip to be accurate and true, if filled out incorrectly I understand that will result in a delay in payment.

Employee Signature:

Client Signature:

Client Printed Name:

Employee:

Facility:



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