

Employee Name

School District

Department / Profession

Date	Time In	Lunch 30/60	Time Out	Regular Time
Total Hours				

Approved Overtime	Approved Double Time

PERFORMANCE EVALUATION (TO BE COMPLETED BY SUPERVISOR)						
	1	2	3	4	5	N/A
Quality of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism / Ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 - Excellent
4 - Very Good
3 - Good
2 - Fair
1 - Poor

Comments:

Mediscan Employee Signature*

Date

Your signature certifies that all of the above information is true and accurate. You certify that no accident or injury was sustained while at work during the time covered in this sign in sheet, except as reported to Mediscan by submitting an accident report before/with this sign in sheet. You certify that you have taken your 30-minutes lunch unless otherwise noted and approved by supervisor.

All Sign In Sheets must be signed by a Supervisor.
All overtime needs to be preapproved.

Supervisor/Manager/Director Signature

Date

Supervisor/Manager/Director Print Name

The facility certifies that: hours shown are correct, work was done according to Quality standards, and facility agrees to the terms and conditions of the Mediscan contractual agreement and will pay invoices related to this sign in sheet in full.