

Annex 5

PERFORMANCE EVALUATION FORM*

Name and Surname:

Job:

Start Date of Work:

Evaluation Period:

Starting Date in the Unit:

T.C. Identification Number:

		VERY GOOD	GOOD	AVERAGE	INSUFFICIENT
1-	Ability to comply with institutional rules				
2-	Compatibility with supervisors and colleagues				
3-	The ability to learn and constantly improve itself				
4-	Productivity and working capacity				
5-	Legislation information, business knowledge and ability				
6-	The ability to do the job on time and fully				
7-	The ability to make good use of their free time				
8-	Request to work on holidays or overtime				
9-	Education level suitability for the job				
10-	Filing, reporting and decision making capability				

* Ministry of Health sample application

Unit Supervisor