

Staff Evaluation Form

Note: If your spouse, relatives, or any special people work for you, please indicate their relationship when filling out the information below.

Name _____	Length of Employment _____	
Monthly Pay _____	Bonus Pay _____	
Salary _____	Hourly _____	Contract _____
Special Conditions _____		
General Duties _____		
Hours required to work _____		
Doctors Personal Evaluation	Poor 1 2 3 4 5 6 7 8 9 10 Excellent	
Does he/she get adjusted regularly?	Yes No Not regularly	

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