

EMPLOYEE EVALUATION FORM

(S.A.R.P.H. EEF)

(To be completed by pharmacist’s direct supervisor)

Name of Employee: _____ 1st 2nd 3rd 4th Quarter of _____
(year)

Please indicate after the following questions your evaluation of the professional performance of the above named pharmacist. The purpose of this evaluation is to provide monitoring information to the individual’s S.A.R.P.H. monitor, S.A.R.P.H. officers, PHMP casemanager and/or to the Board of Pharmacy. It is understood by all parties that this information is confidential and will only be divulged to those persons named in the participant’s S.A.R.P.H. contract and/or, if applicable, pursuant to a Board Order.

The above named pharmacist: (Rank: 1- Strongly Agree; 5 – Strongly Disagree)

1. Has been punctual and regular in attendance to work.
Agree 1 2 3 4 5 Disagree
2. Has a good attitude about their employment.
Agree 1 2 3 4 5 Disagree
3. Relates well to other health care professionals.
Agree 1 2 3 4 5 Disagree
4. Works well with other employees.
Agree 1 2 3 4 5 Disagree
5. Handles customers/patients and their questions well.
Agree 1 2 3 4 5 Disagree
6. Overall quality of work performance
_____ Excellent _____ Good _____ Fair _____ Poor
7. Rate the pharmacist’s over all appearance and general health.
_____ Good _____ Fair _____ Poor _____ Deteriorating
8. Comments (favorable or unfavorable): _____

Employer, Supervisor name and signature: _____

Pharmacy: _____ Phone: _____

Address: _____

Questions or Information regarding this form? Call, Fax or Write to:
S.A.R.P.H. 258 Wolfe Lane, Irwin, PA 15642 Due: March, June, September, December
Phone : (800) 892-4484 Fax: (724) 446-7399