

Promotion Report:

Name: _____ **Employee No:** _____
Employment Date: _____ **Place of Employment:** _____
Department: _____ **Current Position:** _____
Appointed Position _____ **Position Nominated For:** _____

To be completed by Immediate Supervisor:

FACTOR	SUP.	ABOVE AVG.	AVERAGE	FAIR	POOR	NOT OBSERVED
1. Professional Knowledge						
- Nursing Knowledge						
- Demonstration of correct nursing techniques						
- Standard of care						
2. Communication Skills						
- Interpersonal Relationship						
- Recording and Reporting						
3. Management and Leadership Ability						
4. Commitment towards Self-Development						
- Attendance/Participation in continuing education						
- Inservice						
5. Character and Personality: (Reliable, Objective, Flexible)						

6. Immediate Supervisor Comments and Recommendation:

Immediate Supervisor Name: _____ **Signature:** _____

Date: _____

DON Name: _____ **Signature:** _____

Date: _____