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| --- | --- |
| **Name****(please list employee’s current name, as they are listed in OTIS)** |  |
| **Employee #** |  |
| **Unit** |  |
| **Shift** |  |
| **Date of Hire** |  |
| **Completed Coach Class?****If yes, include date completed.****If no, enroll in “Preceptor Workshop” and list date enrolled.** | **Date completed:****Date enrolled:** |
| **Previous Coaching experience** |  |
| **Does this person adhere to dress code?** |  |
| **Has this person received** **disciplinary action in the last 2 years?** |  |
|  |
| **Other qualifications, include committee work, is this person a positive team member, level of clinical expertise, participation in special projects, etc. (this area should not be left blank)** |
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Manager Signature (electronic signature accepted)

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