Additional Comments:		DIGTI IO			
Protessional Recommendation Form As part of our communication and selection process for Associates seeking to advance their education, please complete this form for the Associate listed below. Your input will help us be informed and allow us to make better decisions that will benefit the Associate and CHRISTL Health. Date:		RISIUS			
Associate listed below. Your input will help us be informed and allow us to make better decisions that will benefit the Associate and CHRISTL Health. Date: Date of Hire: Vears of direct care experience Current Department/ Job Title: This Associate is applying to/enrolled in the following school and program: School Program On a scale of 1-5 (5 being the highest), please evaluate your Associate on the following points: Attendance/Tardiness Quality of Work Communication Skills Interpersonal		Profess	ional Recommer	ndation Form	
Associate:: Current Department/ Job Title: This Associate is applying to/enrolled in the following school and program: School Program On a scale of 1-5 (5 being the highest), please evaluate your Associate on the following points: Attendance/Tardiness Quality of Work Communication Skills Interpersonal Skills Interpersonal Skills Timeliness of Work Decision Making Cooperation HR: in good standing? Commitment to Christus If yes, explain: Additional Comments: Completed by: Date: Complete and return this form to:	Associate listed below	nication and selection process for . Your input will help us be inform	Associates seeking to a ned and allow us to mal	dvance their education, please com the better decisions that will benefit t	plete this form for the he Associate and CHRISTUS
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Attendance/Tardiness					
Quality of Work	On a scale of 1-5 (5 be	ing the highest), please evaluate y	our Associate on the fo	ollowing points:	
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Decision Making Cooperation HR: in good standing? Commitment to Christus If yes, explain: Additional Comments: Completed by: Date: Complete and return this form to:					
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