

EMPLOYEE ROUNDING

 Department _____ Date _____ -

Employee Name

Ask the Employee to Start with a Positive

EMPLOYEE NEEDS

Safety	Equipment	Training

Resilience Do you have a plan to care for yourself?

How Am I Doing as your leader?

What is the best part about Working here?	Do you have any unresolved concerns about our work environment or department?	
	<input type="checkbox"/> Yes - What is the concern?	<input type="checkbox"/> No

Who can I thank for you?

FOLLOW-UP