

**JHHS CONSULTING SERVICES
PERFORMANCE REVIEW**

Review Date: ____/____/____ Completed By: _____

**ATTACH JHHS CONSULTING SERVICES JUSTIFICATION FOR THIS ENGAGEMENT.
ATTACH ADDITIONAL PAGES AS REQUIRED.**

I. OUTCOME OF ENGAGEMENT

A. OUTCOME OF ENGAGEMENT (in relation to objective): _____

B. PLANNED START DATE: _____ PLANNED END DATE: _____

C. ACTUAL START DATE: _____ ACTUAL END DATE: _____

D. PROJECTED TOTAL COST: _____ ACTUAL TOTAL COST: _____

E. IF ACTUAL TOTAL COST EXCEEDS PROJECTED TOTAL COST BY MORE THAN 10%, EXPLAIN VARIANCE:

II. EVALUATION OF CONSULTANTS SELECTED

A. CONSULTANT (Legal Name): _____

B. PERSONS ASSIGNED: _____

C. FUTURE USE RECOMMENDATIONS: _____

DEPARTMENTAL APPROVAL

Dept. Administrator/Manager Date

Area Vice President Date

AREA VP WILL RETAIN COPY AND SUBMIT WITHIN SIXTY (60) DAYS OF COMPLETION OF PROJECT TO:
JHH/JHHS - Executive Vice President/Chief Operating Officer
JHBMC - Executive Vice President/Chief Operating Officer
JHMSC - Chief Executive Officer
JHHS Corporate Controller