

5/31/18 12:15 pm

Futerfas, Judith Nina

TALK for Success

Sr. Tumor Registrar

Organization: UMHC-SCCC - Tumor Registrar -STA (Stu
Herr

Manager: Stuart Herna

Location: UMH - East Buildi

Evaluated By: Stuart Herna

01/01/2016 - 05/31/20

Overall Assessment of Performance and Behaviors

Manager Overall Evaluation

Rating: Expectations Met
Comment: Judith continues to do a fine job working remotely and meeting goals for quality and productivity. I would like her to continue to maintain her Certification as a Certified Tumor Registrar (CTR) by attending educational seminars, webinars, meetings, etc.

Goal/Project Status

Maintain compliance with goal of completing a minimum of five abstracts per day in addition to other responsibilities.

Due Date: 05/31/2018

Status: On Track

Manager Evaluation

Comment: Judith continues to demonstrate excellent organizational skills and is able to perform abstracting and related tasks in compliance with stated goal.

Section Summary

Demonstration of Service Standards and/or DIRECCT Values

Strengths: Service Standards/DIRECCT Values

Manager Evaluation

Comment: Judith accepts responsibility for her own work and performs all related tasks including but not limited to abstraction, follow up, case finding, and quality control as required.

Continuous Improvement and Development: Service Standards/DIRECCT Values

Manager Evaluation

Comment: Judith continues to grow and learn as an Abstractor, maintaining compliance with Commission on Cancer and FCDS quality standards. She demonstrates professionalism and an ability to work remotely with success.

Section Summary

Demonstration of Leadership Traits & Behaviors, If Applicable

Strengths: Leadership Traits

Manager Evaluation

Comment: Judith willingly offers assistance to other staff, sharing her knowledge and expertise in a collegial manner.

Opportunities for Continuous Improvement and Development: Leadership Traits

Manager Evaluation

Comment: Judith willingly accepts a shared responsibility with all Registry staff for maintaining the quality and integrity of the Tumor Registry database.

Section Summary

University of Miami Miller School of Medicine and UHealth Faculty/Staff Business Justification Form

Employee Type: Staff

Transaction Type: Compensation Adjustment

Effective Date: 4/20/2017

Current	Employee Action	Proposed
Name: <u>Judith Futerfas</u>	Employee ID#: <u>50050120</u>	Name: _____
Department Name: <u>UMHC Tumor Registry</u>		Department Name: _____
Supervisory Organization: <u>Stuart Herna</u>		Supervisory Organization: <u>same</u>
Position #: <u>P00001739</u>		Position/TBA #: <u>same</u>
Job Title: <u>Sr. Tumor Registrar</u>		Job Title: <u>same</u>
Salary: <u>50,840.88</u>		Salary: <u>60,008.00</u>
		Salary Increase %: _____

- Compensation Adjustment Type: Equity Adjustment Amount: _____ Time Period: _____
- Compensation Adjustment Type: _____ Amount: _____ Time Period: _____
- Visa Sponsorship Required Type: _____ Other: _____ Time Period: _____
- Reason for Justification (Please explain in box below) or attach supporting document.

Retention and equity according to market, compensation analysis completed.

Position Request

Type: _____ Replacement for (Employee Name): _____ Position #: P00001739

Bi-Weekly Hours: _____ FTE: _____ Status: _____ Position Budgeted: Yes, TBA# _____ No

Supervisory Organization: Stuart Herna Employee Grouping Organization: _____

Space Allocation Form Approved Building Location: _____ Work Space: _____

UM Job Title: _____ Recommended Salary: _____ Template Code (Kronos): _____

Recommended Rank/Track (Faculty Only): _____ Waiver of Posting (Faculty/Postdoctoral Associates only): Yes No

Primary Legacy Account #: <u>551214</u>	<input checked="" type="checkbox"/> 100%	Funding Period: _____	Account Administrator Signature: _____
Additional Account #: _____	<input type="checkbox"/> %	Funding Period: _____	Account Administrator Signature: _____
Additional Account #: _____	<input type="checkbox"/> %	Funding Period: _____	Account Administrator Signature: _____
Additional Account #: _____	<input type="checkbox"/> %	Funding Period: _____	Account Administrator Signature: _____

Required Approvals

<u>Susana Morales</u>	<u>Susana Morales</u>	<u>305-689-5281</u>	<u>4/20/17</u>
Initiator's Name	Initiator's Signature	Telephone Number	Date
<u>Stuart Joseph Herna</u>	<u>4/20/2017</u>		<u>4/20/17</u>
Manager/Director (Staff Request)	Date	Department Chair (Faculty Request) VCA/Sr. Administrator (Staff Request)	Date

Medical Human Resources and Faculty Affairs Use Only

Compensation Department Reviewer/Approver	<u>4/20/17</u>	Comments:
	Date	
AVP/Senior Leader	Date	
Final Approved Amount: \$ _____		

RECEIVED APR 24 2017