

Temporary Employment Performance Evaluation

Employee Name: _____
 Social Security #: _____ Person ID _____
 First Day Worked: _____ Last Day Worked: _____
 Department: _____
 Supervisor: _____

Reason: Assignment Ended Employee resignation Employee Performance

Notice Given by Employee: Written (attach) Oral None

Thank you for filling out this performance evaluation on your Temporary Employment employee. It is important to us when considering future assignments for each employee. Please complete and return this form to the Temporary Employment office by faxing to 257-7464 or send the original via campus mail to: Temporary Employment, 103 Scovell Hall, 0064.

Rating Scale:

1 = Rarely Meets Expectations 2 = Sometimes Meets Expectations 3 = Meets Expectations
 4 = Occasionally Exceeds Expectations 5 = Consistently Exceeds Expectations

	1	2	3	4	5
1. Was the employee reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the employee call when late or absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When assigned a task, was it completed promptly, efficiently, and correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was appearance appropriate to dept.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was conduct to co-workers, visitors, telephone callers, etc. appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attention to detail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall Quality of Work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall quantity of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you re-employ this individual?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
10. Would you recommend this employee for other assignments?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

Additional Comments (use additional sheet if necessary): _____

Supervisor Signature: _____ **Date Signed:** _____