

We always strive to provide a high standard of service to campus departments. For this reason, we ask that you please take a few minutes to complete this temporary employee evaluation form at a time when you feel you can adequately evaluate the employee's performance to date. Please provide comments for any exemplary or unacceptable performance. Your cooperation is greatly appreciated!

EMPLOYEE INFORMATION

Start Date _____

Employee Name _____

Job Title _____

Department _____

PERFORMANCE EVALUATION

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <u>Always</u> | <u>Usually</u> | <u>Sometimes</u> | <u>Never</u> |
| 1. How often was this employee on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did this employee work the expected number of days and/or hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did this employee understand and conform to office routines and procedures as outlined by you and/or your co-workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did this employee have a basic knowledge of the job duties assigned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How often did this employee complete assigned tasks in a timely and accurate manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did this employee get along well with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
| 7. How would you rate the quality of work performed by this employee? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>Exceeded</u> | <u>Matched</u> | <u>Did Not Meet</u> | |
| 8. How well did this employee's skills match your needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <u>Yes</u> | <u>No</u> | <u>Maybe</u> | |
| 9. Would you utilize the services of this temporary employee again? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments:

(Indicate item number when appropriate)

SIGNATURES

Supervisor's Signature _____

Date _____

**Please return to:
University Temporary Services
Campus Box 7210**