

Student Worker Evaluation/ Termination Form

EMPLOYEE EVALUATION

TERMINATION NOTICE

Student's Name:	TSC ID #
Supervisor's Name:	Extension Number(s):
Department:	Hire Date:
Supervisor: For Terminations, this form should be c	ompleted and returned to the Human Resources Office no later than the employee's last work day.
do not have sufficient information, please	r each criterion shown below. If the characteristic does not apply, or if you e write "N" for No Evaluation. Average C = Average D = Below Average E = Poor N = No evaluation
 2. Cooperation – works well with fellow w 3. Work Attitude – courteous, cheerful an 4. Physical Vigor – enthusiastic about wor 5. Initiative – performs assigned tasks wit 6. Leadership – influences and inspires ot 7. Personal Appearance – neat, clean, sui 8. Judgment – uses self-control; makes so 9. Skills and Abilities – has knowledge and 10. Work Quality – work is accurate, accep 11. Work Quantity – does a comparatively 12. Potential – has high degrees of potential 	und decisions; uses common sense in performance of duties; is tactful in relations with others. d ability essential for work and good background in the field of work. table; uses material and time economically; takes care of materials; eager for improvement. large amount of work of average quality; works under pressure as under normal conditions.
Reason(s) for termination: (check all tha	t apply) Termination Date:
 Graduated/Secured another job Health reasons 	 Did not get along with other employee(s) Lack of punctuality, poor attendance
 Family circumstances Did not meet GPA requirement 	 Did not adequately perform tasks assigned Other (please specify)
Student Signature:	Date:
Supervisor Signature:	Date:
Human Resources Signature:	Entered Date:

The College District prohibits discrimination, including harassment, against any employee on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.