



College Work-Study Employee Evaluation / Termination Form

EMPLOYEE EVALUATION

TERMINATION NOTICE

Department: \_\_\_\_\_ Semester(s): \_\_\_\_\_

Supervisor: This form should be completed and returned to the Financial Aid Office at the end of the student's eligibility period or when student's employment terminates.

Student's Name: \_\_\_\_\_ TSC ID # \_\_\_\_\_

Please describe briefly the duties or the type of work performed by the student.

Please evaluate the student employee for each criterion shown below. If the characteristic does not apply, or if you do not have sufficient information, please write in "N" for evaluation.

A = Superior B = Above Average C = Average D = Below Average E = Poor N = No evaluation

- 1. Dependability - trustworthy, punctual, reliable, fulfills responsibilities, good in attendance.
2. Cooperation - works well with fellow workers, supervisor, and others, deeply conscious of responsibility to working group.
3. Work Attitude - courteous, cheerful and interested; willing to work at difficult or disagreeable tasks; able to take instructions cheerfully.
4. Physical Vigor - enthusiastic about work; energetic; keeps self in good state of health; emotionally stable.
5. Initiative - performs assigned tasks without prompting and performs unassigned useful work.
6. Leadership - influences and inspires others to do better work; organizes and directs work of others.
7. Personal Appearance - neat, clean, suitably dressed, good posture.
8. Judgment - uses self-control; makes sound decisions; uses common sense in performance of duties; is tactful in relations with others.
9. Skills and Abilities - has knowledge and ability essential for work and good background in the field of work.
10. Work Quality - work is accurate, acceptable; uses material and time economically; takes care of materials; eager for improvement.
11. Work Quantity - does a comparatively large amount of work of average quality; works under pressure as under normal conditions.
12. Potential - has high degrees of potential for future improvement and development.

Comments: \_\_\_\_\_

Reason(s) for termination: (check all that apply) Termination Date: \_\_\_\_\_

- Eligibility period completed, Requested by Financial Aid Office, Did not get along with other employee (work-study employees and/or others), Maximum earnings completed, Lack of punctuality, poor attendance, Did not adequately perform tasks assigned, Hired as Temporary part-time employee, Other (please specify)

Has this evaluation been shown to and discussed with the College Work-Study Participant? (It is the supervisor's option to share this evaluation with the CWS participant) YES NO

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_ Extension/phone # \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Entered Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Entered Date: \_\_\_\_\_