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| EMPLOYEE NAME: | APPOINTING DEPARTMENT: | POSITION: |
|----------------|------------------------|-----------|

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|-----------|-------------|--------------------------------|
| SEMESTER: | SUPERVISOR: | COURSE NUMBER(S) AND TITLE(S): |
|-----------|-------------|--------------------------------|

Instructions: This evaluation form may be used once per semester or annually. The supervisor shall evaluate the student employee according to the following criteria, and then discuss the evaluation with the student employee. Evaluations may be conducted through observations of student employee work and/or through assessment of completed work. Both supervisor and employee should sign this form as indicated below. In accordance with the CBA, the student employee shall be provided with a blank copy of this evaluation form within the first fourteen (14) days of appointment, and once evaluated, a draft evaluation at least five (5) days prior to placement in the personnel file.

| EVALUATION CRITERIA: | |
|----------------------|--|
| CRITERIA | |
| Quality of Work | |
| Quantity of Work | |
| Reliability | |
| Attitude toward Work | |
| Cooperation | |
| Initiative | |
| Professionalism | |
| Overall Rating | |

COMMENTS:

| | |
|----------------------|------|
| Supervisor Signature | Date |
|----------------------|------|

Student Authorization:
My supervisor has discussed this evaluation with me and provided me with a copy.

| | |
|----------------------------|------|
| Student Employee Signature | Date |
|----------------------------|------|