

# Work Study Employee Evaluation

**This form must be completed and returned to the Financial Aid Office.**

**Student Name:** \_\_\_\_\_

Transfer

**ID#** \_\_\_\_\_

Termination

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Would you rehire this student? Yes    No

**\*\*\*Last date employed:** \_\_\_\_\_

	Excellent	Good	Fair	Poor
Attendance				
Attitude				
Communication Skills				
Cooperation				
Creativity				
Dependability				
Enthusiasm				
Honesty				
Initiative				
Productivity				
Punctuality				
Technical Skills				
Work Quality				
Work Consistency				
Working Relations				
Other:				

**Comments: Please indicate reason for transfer or termination. (must be filled in)**

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Phone Number \_\_\_\_\_