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 of 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 poised 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  ☐ Maximum earnings completed  ☐ Other (please specify)  ______________________

☐ Requested by Financial Aid Office  ☐ Lack of punctuality, poor attendance  ______________________

☐ Did not get along with other employee  ☐ Did not adequately perform tasks assigned  ______________________
   (workstudy employees and/or others)  ☐ Hired as Temporary part-time employee

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: ______________________