

Office of Student Financial Aid and Scholarships

Federal Work Study Program Job Evaluation Form

Student's Name: _____ Banner ID: _____ Job Title: _____
 Department: _____ Supervisor: _____ Banner ID: _____

Yearly Evaluation Student is being Transferred Student is being Terminated

Evaluation Criteria:

- 1 = consistently demonstrates outstanding performance
- 2 = above average employee; often exerts extra effort
- 3 = average employee; performs in an acceptable and satisfactory manner
- 4 = needs to improve; occasionally does not meet standards required
- 5 = performance unacceptable; consistently fails to meet minimum standards

Using the above criteria, evaluate the student's performance in the following areas:

		Evaluation
A.	Job Knowledge	
	1. Awareness of what to do without constant supervision.....	_____
	2. Knowledge of how to perform duties	_____
B.	Job Performance	
	1. Organization	_____
	2. Accuracy	_____
	3. Speed	_____
	4. Neatness	_____
C.	Attitude	
	1. Initiative	_____
	2. Conformance to operational policies	_____
	3. Cooperation with co-workers.....	_____
	4. Cooperation with public	_____
	5. Acceptance of supervision	_____
D.	Reliability	
	1. Consistency of performance	_____
	2. Completion of tasks	_____
	3. Adherence to work schedule	_____
	4. Promptness in reporting to work	_____
E.	Supervision (complete only for students in a supervisory capacity)	
	1. Priority setting; ensures job completion	_____
	2. Obtains cooperation and respect from employees	_____
	3. Fairness	_____
F.	Overall Evaluation	_____

Employee Verification Review:

The responsibilities of my job are understood. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply my agreement with this evaluation. My comments regarding the evaluation are as follows are listed on attached sheets if necessary.

Employee Signature _____ **Date** _____

I have personally completed this evaluation and discussed it with the student. I have listed areas of improvements on attached sheet if necessary.

Supervisor Signature _____ **Date** _____

