Student Employee Evaluation Form

Type of Assignment: **[ ]**  Federal Work Study **[ ]** Temporary Wage

Student’s Name:

UNC Charlotte ID:

Employing Office/Department:

Appointment Period:

From  to last day worked

*(Include month, day, and year)*

Please evaluate the student’s work performance by checking the appropriate response

 **Outstanding Satisfactory Unsatisfactory**

1. Quality of Work **[ ]**  **[ ]**  **[ ]**

2. Attitude **[ ]**  **[ ]**  **[ ]**

3. Initiative **[ ]**  **[ ]**  **[ ]**

4. Dependability **[ ]  [ ]  [ ]**

5. Overall Evaluation **[ ]  [ ]  [ ]**

Comments:

If the student is leaving your employment is this action a:

 **[ ]** Resignation **[ ]** Termination

Explain Terms of Departure:

Would you rehire this student?

Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return the completed form to the*

***Student Employment Office, King Building, Room 222A****.*

*Thank you.*