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.*