



FEDERAL WORK-STUDY JOB EVALUATION

EMPLOYEE NAME _____

DEPARTMENT/ JOB _____

G NUMBER _____

WORK STUDY TERM-YEAR _____

SUPERVISOR NAME _____

INSTRUCTIONS: Rating scale: 1= Unsatisfactory, 2= Needs Improvement, 3=Satisfactory, 4= Above Average, 5= Outstanding.

(This form should be retained in the student's file within the employing department. This evaluation should be completed at the end of the term.)

JOB KNOWLEDGE	1	2	3	4	5
Understands procedures required in job					
Uses tools, equipment, and resources related to the job safely					
Exercises sound judgments					

PLANNING & ORGANIZATION	1	2	3	4	5
Organizes and completes work effectively and efficiently					
Prioritizes and uses available resources					
Foresees impact of decisions or actions on others					

QUALITY OF WORK	1	2	3	4	5
Performs accurate and thorough in job duties; regularly checks and corrects own work					
Performs to agreed-upon work standards and follows established policies, procedures and guidelines					
Completes amount of work					

INITIATIVE	1	2	3	4	5
Seeks out appropriate work, resources and/or assistance on own when workload is slow, or help is needed					
Completes work with minimal supervision (without prompting)					
Demonstrates ability to solve problems					

INTERPERSONAL RELATIONSHIPS	1	2	3	4	5
Demonstrates courtesy and respect for co-workers, customers and other contacts					
Demonstrates willingness to assist and enlist the help of others as needed to work toward common goals					
Demonstrates ability to resolve conflict constructively and is receptive to constructive criticism					

DEPENDABILITY/ RELIABILITY	1	2	3	4	5
Maintains regular attendance; requests and receives appropriate authorization for absences					
Reports to work on time and as scheduled; takes appropriate rest and meal breaks; does not leave without authorization					
Follows through on commitments and provides early notification to appropriate unanticipated delays					

SUPERVISOR SUPPORTING COMMENTS AND/OR EXAMPLES:

This is to certify that this assessment has been discussed with me. A copy of this evaluation has been offered to me. I understand that my signature does not necessarily indicate agreement; but that I have participated in the discussion and have read and understood the evaluation's content.

SUPERVISOR'S SIGNATURE _____ DATE _____

EMPLOYEE'S SIGNATURE _____ DATE _____