



Student Worker Evaluation/ Termination Form

EMPLOYEE EVALUATION

TERMINATION NOTICE

Student's Name: _____ TSC ID # _____

Supervisor's Name: _____ Extension Number(s): _____

Department: _____ Hire Date: _____

Supervisor: For Terminations, this form should be completed and returned to the Human Resources Office no later than the employee's last work day.

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 "N" for No 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: _____

- | | |
|--|--|
| <input type="checkbox"/> Graduated/Secured another job | <input type="checkbox"/> Did not get along with other employee(s) |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Lack of punctuality, poor attendance |
| <input type="checkbox"/> Family circumstances | <input type="checkbox"/> Did not adequately perform tasks assigned |
| <input type="checkbox"/> Did not meet GPA requirement | <input type="checkbox"/> Other (please specify) _____ |

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Entered Date: _____