

Student Financial Services

Financial Aid

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FEDERAL WORK STUDY STUDENT EMPLOYEE EVALUATION REPORT

Student Name _____ "L" Number _____

Department _____ Supervisor _____

Job Title _____ Position Number _____

Date of Hire _____ Current Hourly Rate \$ _____

Using the rating system below, please mark appropriate boxes to evaluate your student employee. Not all evaluation criteria apply to every work study position. If an evaluation factor cannot be rated objectively, mark the NE (No Evaluation) box.

1 - Outstanding 2 - Above Average 3 - Average 4 - Below Average NE - No Evaluation

| EVALUATION CRITERIA | EVALUATE HOW WELL YOUR STUDENT EMPLOYEE MEETS THESE EVALUATION CRITERIA | 1 | 2 | 3 | 4 | NE |
|-----------------------------|---|----------|----------|----------|----------|-----------|
| QUALITY OF WORK | Ability to do satisfactory work following specified procedures | | | | | |
| QUANTITY OF WORK | Ability to complete a satisfactory amount of work within the time allowed while meeting specified standards | | | | | |
| COMPREHENSION | Knowledge of job, including job procedures | | | | | |
| RELIABILITY | Commitment to completing tasks conscientiously | | | | | |
| ATTITUDE TOWARD WORK | Enthusiasm and willingness to perform job tasks | | | | | |
| JUDGMENT | Ability to make sound decisions | | | | | |
| DEPENDABILITY | Punctuality and reliability in attendance | | | | | |
| PROFESSIONALISM | Ability to conduct self in a dignified, businesslike manner | | | | | |
| COOPERATION | Ability to work harmoniously with others | | | | | |
| INITIATIVE | Interest in assuming added responsibilities | | | | | |
| POTENTIAL | Ability to improve within the job situation | | | | | |
| LEADERSHIP | Ability to understand and direct others | | | | | |
| PERSONAL APPEARANCE | Outward impression of student employee | | | | | |
| OVERALL EVALUATION | Overall performance of student employee | | | | | |

GENERAL COMMENTS: A narrative is required if a student employee's Overall Evaluation is Outstanding (1) or Below Average (4).

Wage Increase Recommended (Check Box)

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

FINANCIAL AID OFFICE USE ONLY

Approved New Hourly Rate \$ _____

Beginning Date _____

Denied FWS Advisor _____

Approval Date _____