Student Financial Services

Financial Aid

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FEDERAL WORK STUDY STUDENT EMPLOYEE EVALUATION REPORT

| Student Name | "L" Number | | | | | | |
|--|---|----------|----------|--------|------|--------|--|
| Department | Supervisor | | | | | | |
| Job TitlePosition Number | | | | | | | |
| Date of HireCurrent Hourly Rate | | \$ | | | | | |
| criteria apply to every work study pos | ease mark appropriate boxes to evaluate your student employed sition. If an evaluation factor cannot be rated objectively, mark the N | NE (No | Eval | uatio | | X. | |
| 1 - Outstanding 2 | - Above Average 3 - Average 4 - Below Average NE - N | No Eva | uatio | n — | | | |
| 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 | s required if a student employee's Overall Evaluation is Outstanding | g (1) or | Belo | w Av | erag | e (4). | |
| Wage Increase Supervisor's Signature | | Date | | | | | |
| Recommended | gnature | Date | | | | | |
| INANCIAL Approved New Hourly | Rate \$ Beginning Date | | Date | | | | |
| SE ONLY / I - | т Арр | oroval D | ate _ | | | | |