

TEMPORAY CLERICAL POOL EVALUATION FORM

Please complete this evaluation at the end of your temporary (Temp) employee's assignment and return to Human Resources

EMPLOYEE NAME: _____

Department Worked: _____ Supervisor: _____

Dates worked: _____

	OUTSTANDING	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
Job Knowledge					
Dependability					
Work Habits					
Attitude					
Initiative					
Public Contact					
Work Production					

COMMENTS:

Did the Temp's skills meet your expectations? Yes No, explain

Were tasks completed as expected? Yes No, explain

Was the Temp punctual? Yes No, explain

Were there any problem areas with this Temp? No Yes, explain

Would you have this Temp return to your division/department? Yes No, explain

Do you have any other comments?

Immediate Supervisor's Signature: _____

Date: _____