



HARTNELL COLLEGE

STUDENT EMPLOYEE PERFORMANCE EVALUATION FORM

Student Hourly or Work Study

Name: _____

Employee ID#: _____

Classification: _____

Department: _____

Current Step /Rate: _____ / _____

Evaluation Date: _____

✓ The rating categories are:

- | | |
|--|--|
| 1. Performance deficient and requires immediate improvement | 4. Performance frequently exceeds expected standards |
| 2. Improvement needed for performance to meet expected standards | 5. Performance consistently exceeds expected standards |
| 3. Performance meets expected standards | |

1	2	3	4	5	PERFORMANCE FACTORS	COMMENTS
					1. QUALITY OF WORK: Consider extent to which completed work is accurate, well organized, thorough, and effective.	
					2. WORKING RELATIONSHIPS: Consider extent to which the student employee recognizes the needs and desires of other people and treats other students, coworkers, the public, and supervisors with respect and courtesy.	
					3. WORKING ATTITUDES: Consider extent to which the student employee learns and applies new ideas and technology, demonstrates interest and initiative, and accepts job responsibilities.	
					4. ORGANIZATIONAL AND TEAM RELATIONSHIPS: Consider extent to which the student employee: a. accepts constructive criticism and feedback; b. keeps supervisor and co-workers advised of problems, ideas or decisions; c. provides information and assistance to others.	
					5. WORK HABITS: Consider how the student employee: a. effectively organizes work. b. uses good judgment in analyzing work situations. c. follows policies and procedures. d. uses safe work procedures. e. uses and cares for equipment and materials. f. dresses appropriately, maintains neat & clean appearance.	
					6. ATTENDANCE: Consider unexcused absences, excessive absences, absences without sufficient notice, tardiness and pattern absences.	

Employee Comments: _____

Would you like us to share this evaluation with other potential employers in the future? Yes ☐ No ☐

Employee's Signature: _____ Date: _____

I recommend/do not recommend this employee for a step increase in wage (Circle one) _____ /\$ _____
Step/Rate Effective Date

I recommend/do not recommend this employee for re-employment. (Circle one) 300 hours completed One Year Completed

Supervisor's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

HRO USE ONLY

ENTERED

BY