

PIEDMONT VIRGINIA COMMUNITY COLLEGE
Work Study

Employee Evaluation

Termination Notice

Department _____

Semester(s) _____

Supervisor: This form should be completed and returned to Career Services at the end of the student's eligibility period or when student's employment terminates.

Student's Name _____

Student ID # _____

Please describe briefly the duties or the type of work performed by the student.

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 in "N" for evaluation.

5=Superior 4=Above Average 3=Average 2=Below Average 1=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 or disagreeable tasks; able to take instructions cheerfully.

___4. Initiative – performs assigned tasks without prompting and performs unassigned useful work.

___5. Leadership – influences and inspires others to do better work; organizes and directs work of others.

___6. Personal Appearance – neat, clean, suitably dressed, poised good posture.

___7. Judgment – uses self-control; makes sound decisions; uses common sense in performance of duties; is tactful in relations with others.

___8. Skills and Abilities – has knowledge and ability essential for work and good background in the field of work.

___9. Work Quality – work is accurate, thorough, acceptable; uses material and time economically; takes care of materials; eager for improvement.

___10. Work Quantity – does a comparatively large amount of work of average quality; works under pressure as under normal conditions.

___11. Potential – has high degrees of potential for future improvement and development.

Comments: _____

Reason(s) for termination: (check all that apply)

Termination Date: _____

___ Eligibility period completed

___ Maximum earnings completed

___ Other (please specify) _____

___ Requested by Financial Aid Office

___ Lack of punctuality, poor attendance

___ Did not get along with other employee

___ Did not adequately perform tasks assigned

(Work study employees and/or others)

___ Hired as Temporary part-time employee

Has this evaluation been shown to and discussed with the College Work-Study Participant? ___ YES ___ NO

(It is the supervisor's option to share this evaluation with the CWS participant)

Supervisor's Signature _____ Date _____

Supervisor's Name _____ Phone/extension # _____