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AUGUSTA STATE UNIVERSITY
Financial Aid Office
 STUDENT EMPLOYMENT

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STUDENT EMPLOYEE PERFORMANCE EVALUATION

This form is required annually in May and whenever a student ceases working for a department. Reasons for completion of evaluation include, but are not limited to, *yearly requirement, withdrawal from all courses, student resignation, termination by supervisor and graduation*. It should be submitted to the Student Employment Administrator, in the Career Center, within one week of the student's last date worked. It will be kept in the student's employment file in the Financial Aid Office. This form should be reviewed with the student whenever possible. Completion of this form is **MANDATORY**.

Student's Name _____ Supervisor's Name: _____

Department/Agency _____

Is this a Termination Report? YES NO (If YES) Last Date Worked: _____

Please indicate below the semester: Fall _____ Spring _____ Summer _____

	Poor	Fair	Average	Above Average	Excellent
Quality of Work					
Job Knowledge					
Attendance					
Punctuality					
Cooperation					
Dependability					
Initiative					
Grooming					
Overall Performance					
Other (please specify)					

If a termination report, would you recommend employment in another department? YES NO

General Comments:

Student's Signature (*Not required for termination report) _____

Supervisor's Signature _____

Date _____

Date _____