

Lincoln University
 Student Employment Office
 Federal/Institutional Work Study Program
 Student Employee
 Separation/Evaluation Report Form

Student' Name: _____ SSN: _____

Separation Date: _____ Evaluation Period: Fall Spring Summer

Reason for Separation: Resigned Terminated Contract Ended

If involuntarily terminated, please indicate reason: _____

Performance Evaluation

	Very Good	Above Average	Average	Below Average
Attendance				
Punctuality				
Dependability				
Attitude				
Ability to Work Well With Others				
Completion of Tasks in a Timely Manner				
Willingness to Perform Other Tasks				
Quality of Work				
Follows Instructions				

Additional Comments: _____

Would you rehire this student? Yes No

Supervisor's Signature: _____ Date: _____

Department: _____ Telephone: _____