

Annual Student Employment Evaluation

Student Employment Office TCC 210 Phone: (310) 506-4177



Student Employment Office

Name: _____

Department: _____ CWID: _____

Directions: Place the appropriate number in the space provided that you believe best describes your student employee's performance using the following point system:

1. Needs Improvement 2. Average 3. Above Average 4. Excellent

Punctuality/Dependability (Please rate your student employee's ability to . . .)

Arrive to work on time for each scheduled shift. _____

Provides notice when they are unable to report to work. _____

Comments:

Work Performance (Please rate your student employee's ability to . . .)

Perform tasks in a timely manner. _____

Follow directions accurately. _____

Take initiative to begin new tasks (self-starter). _____

Complete and approve Kronos timecard accurately and on time. _____

Comments:

Communication (Please rate your student employee's ability to . . .)

Ask questions when necessary. _____

Improve work performance when given constructive criticism _____

Get along well with co-workers/ team player _____

Exhibit professionalism in job responsibilities. _____

Comments:

Total Points _____

Student Signature

Date

- a) I am requesting this student employee for the next academic school year: Yes No
- b) Student is returning to the same department with increase in hourly rate: _____ (\$/hr.)
- c) Student is not returning to this job:
Graduation Transfer Internship Other _____

Supervisor Signature

Date