

Work Study Memo



DATE:

TO:

FROM:

FA -Student Payroll Coordinator

RE:

STUDENT EVALUATION for

Name:

SID:

Please complete the following student evaluation information for the above student and return to me. If your student employee is no longer working, complete the form to your clearest recollection. Discuss this evaluation with your federal work study student if he/she is currently working. This information will NOT be released without written consent from the student.

Employment Date _____ Termination Date _____

Check the box that best describes quality of work:

Work Record	Excellent	Good	Fair	Poor
DEPENDABILITY				
QUALITY OF WORK				
QUANTITY OF WORK				
ADAPTABILITY				
TAKES DIRECTION WELL				
ATTITUDE TOWARD JOB				
INTERPERSONAL SKILLS				
ATTENDANCE				

I allow my "Work Record" information to be released to on or off campus employer, if requested.

Student Signature: _____ Date _____

My supervisor has discussed the above work record evaluation with me.

Student Signature: _____ Date _____

Reason for termination:

____ Student request _____ Supervisor request FA request _____ Year/Award End

Supervisor's Signature _____ Date _____