

SEWANEE

THE UNIVERSITY OF THE SOUTH

Student Employee Evaluation Form 2013-2014

Please return to the Office of Financial Aid no later than **April 1.**

Student Name _____ **Banner ID** _____

Supervisor _____ **Department** _____

Please rate the above-named student by placing a check (3) on the appropriate line. If a trait does not apply, indicate by marking the box N/A.

	Below Average	Average	Above Average	Exceptional
Quality of Work				
Quantity of Work				
Attitude Toward Work				
Initiative and Originality				
Dependability				

Remarks: _____

Please do not leave any of the following section blank. If you know your employee will not be returning, mark questions 2 and 3 with N/A. If questions 2 and 3 are left blank, the employee will not be approved for a longevity raise.

	YES	NO
Have you discussed this evaluation with the student? Please note it is highly recommended that you do so.		
If this student is eligible for Work-Study/Work Scholarship for the next academic year, do you wish him/her assigned to your department?		
If yes, does this student's performance justify an hourly rate increase?		

NOTE: Sewanee requires an evaluation of student employees annually. Students are notified evaluations are on file.

 Printed Name of Supervisor Date

 Signature of Supervisor Date

Your cooperation is deeply appreciated as this information is used to make assignments for the upcoming academic year and apply wage increases where applicable for our student employees.