



ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.

STEP 1: DEPARTMENT INFORMATION OFFICE NAME:		OFFICE LOCATION:				1	OFFICE PHONE NUMBER:				
STEP 2: STUDENT WORKER IN	NFORMATION										
NAME:		STUDENT ID:				1	SEMESTER OF REVIEW:				
DATES OF EMPLOYMENT:											
START DATE:		END DATE:									
REASON FOR SEPARATION:		Eligible for Rehire									
									YES	No	
STEP 2: PERFORMANCE EVAL	UATION										
On a scale of 1-5, where "1" is	poor and "5" is exc	cellent, pleas	se rate	the	Stuc	lent \	Work	er in	the following areas:		
PUNCTUALITY		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
COOPERATION		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
QUALITY OF WORK		(Poor) $1$			2	3	4	5	(EXCELLENT)		
ATTITUDE		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
CUSTOMER SERVICE		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
WILLINGNESS TO LEARN		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
ATTENDANCE		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
TEAM PLAYER		(Po	OOR)	1	2	3	4	5	(EXCELLENT)		
STEP 3: INFORMATION OF PE	RSON EVALUATING	F PERFORM	ANCE								
NAME:		HSSU ID: TITL			LE:						
DIRECT PHONE NUMBER:	EMAIL ADDRESS:	DDRESS:					DATE OF EVALUATION:				
	1						l				
If submitting this form physical	lly instead of electron	onically, ple	ase sig	gn a	ınd d	ate:					
Signature:						Da	ate:				