UCMERCED

Student Employee Evaluation Form

This evaluation form is intended as a tool to assist the student employee and the supervisor in communicating any road blocks to the student's performance and continued employment in the unit.

Name of Student: _____

Working Position Title: _____

Position Level: _____

Supervisor/Unit: _____

Date of Evaluation: _____

RATING DEFINITIONS:

1. **Poor –** Unacceptable performance; immediate improvement needed.
2. **Fair –** Marginally acceptable performance; performance weakness needs to be corrected; below average.
3. **Satisfactory –** Meets the requirements of the job.
4. **Good –** Above average.
5. **Excellent –** Surpasses performance standards and expectations; superior; outstanding.

Circle the appropriate rating for each criteria:

1. Job Knowledge: 1   2   3   4   5   N/A
Knows office procedures. Is knowledgeable about general campus information. Is able to pursue accurate information (asks questions).

2. Quality of Work: 1   2   3   4   5   N/A
Consider the thoroughness, accuracy and orderliness of completed work

3. Quantity of Work: 1   2   3   4   5   N/A
Consider the amount of work completed and the volume of output in relation to the nature and conditions of work performed.

4. Dependability: 1   2   3   4   5   N/A
Consider follow-through and reliability. Is work completed on time and are deadlines met? Attendance and punctuality.

5. Cooperation: 1   2   3   4   5   N/A
Willing to accept all job assignments. Works harmoniously and effectively with fellow workers, supervisors, staff, faculty, students and others. Accepts direction and constructive criticism. Is friendly and helpful to each customer they come in contact with.

6. Other: _____   1   2   3   4   5   N/A

7. Overall Rating: 1   2   3   4   5   N/A

Comments: _____
_____
_____
_____
_____

NOTE: By signing this form, the student employee acknowledges only that this evaluation was discussed and a copy has been received. It does not necessarily signify the employee concurs with the evaluation.

_____   _____
Supervisor's Signature   **Date**

_____   _____
Student Employee's Signature   **Date**