

TEMPORARY EMPLOYMENT EVALUATION



To ensure the Office of Human Resources is providing departments with the highest quality of service possible we ask that you please take a moment to evaluate your recent temporary employee. The information you supply will be a useful tool for the Office of Human Resources in determining the quality of our temporary employees. Please be candid in your evaluation, these will be kept confidential in OHR and will only be seen by a Human Resources representative.

Thank you in advance for your cooperation.

Temporary Employee Name (Last, First, MI): _____

Period of Temporary Assignment: From _____ To _____

Center/Department: _____

Position temporarily filled/duties: _____

Did your temporary employee have the desired skills you requested? Yes No

If no, what skills did they lack? _____

Did your temporary employee perform all job duties to your satisfaction? Yes No

If no, please explain _____

Was your temporary employee punctual? Yes No

How was your temporary employee's attendance record?

Perfect Satisfactory Unsatisfactory

Overall, were you satisfied with the performance of your temporary employee? Yes No

Would you recommend this person to other departments within NSU? Yes No

Please provide us with any remarks you feel would be helpful: _____

Evaluator's Signature

Date