

Jacksonville University
Financial Aid Office

Student Employee Evaluation Form

Name _____ Student ID # _____

Job Title _____

Job Description: _____

Date: _____

Department/Agency: _____

Length of time employee has worked in this position: _____

JOB PERFORMANCE RATING

| Circle an appropriate rating number for the employee | Un-satisfactory | Below Standard | Standard | Above Standard | Out-standing | N/A |
|--|-----------------|----------------|----------|----------------|--------------|-----|
| Knowledge of Work | 1 | 2 | 3 | 4 | 5 | N/A |
| Reliability | 1 | 2 | 3 | 4 | 5 | N/A |
| Quality of Work | 1 | 2 | 3 | 4 | 5 | N/A |
| Initiative | 1 | 2 | 3 | 4 | 5 | N/A |
| Works Well With Others | 1 | 2 | 3 | 4 | 5 | N/A |
| Judgment | 1 | 2 | 3 | 4 | 5 | N/A |
| Organization of Work | 1 | 2 | 3 | 4 | 5 | N/A |
| Cooperation | 1 | 2 | 3 | 4 | 5 | N/A |
| Flexibility | 1 | 2 | 3 | 4 | 5 | N/A |
| Punctuality and Attendance | 1 | 2 | 3 | 4 | 5 | N/A |
| Student/Customer Service | 1 | 2 | 3 | 4 | 5 | N/A |
| Overall Rating | 1 | 2 | 3 | 4 | 5 | N/A |

Comments to support numerical ratings:

General Comments:

Would you recommend this employee to another employer? Yes _____ No _____

Signatures:

Department Head _____ Date _____

Supervisor _____ Date _____

Student Employee _____ Date _____

Note: The signature of the Student Employee does not signify that the Student Employee agrees with the evaluation, only that it has been discussed with the Student Employee.