

UNIVERSITY OF ARKANSAS LIBRARIES

EVALUATION OF EXTRA-HELP STAFF

This form is to be used for those employees: 1) who have worked at least 9 weeks in the Fall or Spring semester; or 2) who have worked at least 7 weeks in the Summer.

NAME _____ EMPLOYEE ID _____

DEPARTMENT _____ SUPERVISOR _____ SUPERVISOR'S TITLE _____

EMPLOYEE'S JOB TITLE _____ CURRENT WAGE _____ From: _____ To: _____
EVALUATION PERIOD _____

Check appropriate line in each category.

RELATIONS WITH OTHERS

- Very well-accepted
- Works well with others
- Gets along satisfactorily
- Has some difficulty working w/others
- Works very poorly with others

DEPENDABILITY

- Completely dependable
- Above average in dependability
- Usually dependable
- Somewhat neglectful/careless
- Unreliable

NEED FOR SUPERVISION

- Almost none
- Less than average
- Average
- Great deal
- Constant

JUDGMENT

- Exceptionally mature
- Above average in making decisions
- Usually makes the right decisions
- Often uses poor judgment
- Consistently uses poor judgment

QUANTITY OF WORK

- Excellent
- Very good
- Average
- Below average
- Very poor

ATTENDANCE

- Excellent
- Very good
- Average
- Below average
- Very poor

ABILITY TO LEARN

- Learns very quickly
- Learns readily
- Average in learning
- Rather slow to learn
- Very slow to learn

QUALITY OF WORK

- Excellent
- Very Good
- Average
- Below average
- Very poor

PUNCTUALITY

- Excellent
- Very good
- Average
- Below average
- Very poor

For each category with a below average or very poor rating, provide the reason for the low rating in the supervisor's comments section.

OVERALL PERFORMANCE

- Excellent Very Good Average Below Average Very Poor

(over)

SUPERVISOR'S COMMENTS:

Supervisor's Signature _____

Date _____

The supervisor should personally review the completed form with the employee. By law, the employee has access to the information contained on this form.

I ACKNOWLEDGE THAT I HAVE SEEN THIS REPORT AND HAVE BEEN APPRISED OF MY PERFORMANCE AND MY RIGHT TO MAKE A STATEMENT. MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THIS EVALUATION.

EMPLOYEE'S COMMENTS (optional):

Employee's Signature _____

Date _____

LHRO REVIEW _____

Raise Approved _____

Raise Disapproved _____