

Clayton State University Student Worker Evaluation

Employee Name: _____ Laker ID#: _____

Evaluation Date: _____ Department: _____

Supervisor's ratings are helpful in evaluating the employee's job performance. In addition, they serve as a basis for the employee to work toward developing additional strengths in any area which indicates weaknesses.

| | Outstanding | Exceeds Requirements | Meets Requirements | Needs Improvement | Unacceptable | Not Applicable |
|---|-------------|----------------------|--------------------|-------------------|--------------|----------------|
| JOB KNOWLEDGE | | | | | | |
| Has knowledge of job responsibilities | | | | | | |
| Has a clear understanding of all aspects of job | | | | | | |
| IMPLEMENTATION | | | | | | |
| Uses time wisely | | | | | | |
| Quality of work | | | | | | |
| Completes assigned work | | | | | | |
| Uses spare time positively | | | | | | |
| Accepts and follows directions effectively | | | | | | |
| Attends to detail | | | | | | |
| INITIATIVE | | | | | | |
| Performs work with a minimum of direction | | | | | | |
| Shows drive and energy | | | | | | |
| PERSONAL COMMITMENT | | | | | | |
| Maintains regular and punctual attendance | | | | | | |
| Works harmoniously with others | | | | | | |
| Promotes good public relations | | | | | | |
| OVERALL EVALUATION | | | | | | |

Supervisor's Comments: _____

Supervisor's Signature: _____ Date: _____

Employee Acknowledgment: I have reviewed this form with my supervisor. My signature does not necessarily mean that I agree with this evaluation.

Employee's Comments: _____

Employee's Signature: _____ Date: _____

The original of this evaluation should be returned to Human Resources. Copies should be kept by the employee and the supervisor.