



FWS EMPLOYEE PERFORMANCE EVALUATION

This performance evaluation must be completed by the supervisor of the Federal Work Study student below.

FWS Employee Information

First Name: _____ Last Name: _____

Last 4 digits of SS#: _____ Review Period: _____ to _____

Supervisor Name: _____ Department: _____

Department Telephone: (_____) _____ Date: _____

Performance Ratings:

	Poor (1)	Fair (2)	Satisfactory (3)	Good (4)	Excellent (5)
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Initiative/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Additional Comments: _____

Would you rehire this individual? Yes No

Verification of Review:

By signing this form, you confirm that you have discussed this form in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

FWS Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____