Questions about this form? Contact HRS Staffing & Recruitment
E-mail: employment@uchicago.edu

TEMPORARY POOL EMPLOYEE EVALUATION FORM

Name of Employee _____

Job Title _____ Department _____

Supervisor _____ Period Covered _____

How would you rate this employee's performance? (circle one)

1=Outstanding 2=Commendable 3=Effective 4=Needs Improvement 5=Unsatisfactory

A. Quality of Work	**1**	**2**	**3**	**4**	**5**
B. Takes Direction Well	**1**	**2**	**3**	**4**	**5**
C. Attendance	**1**	**2**	**3**	**4**	**5**
D. Initiative	**1**	**2**	**3**	**4**	**5**
E. Interpersonal Skills	**1**	**2**	**3**	**4**	**5**
F. Technical Skills	**1**	**2**	**3**	**4**	**5**
G. Ability to work with fellow co-workers	**1**	**2**	**3**	**4**	**5**
H. Ability to handle the public	**1**	**2**	**3**	**4**	**5**

Would you re-hire this person? □ **YES** □ **NO**

Additional Comments: _____

_____

_____

Evaluated by: _____ Date of Evaluation: _____

Return this form to the Temporary Pool Administrator, 6054 S. Drexel Avenue Chicago, IL 60637 or fax to 773-702-0353.