



HUMAN RESOURCES
STUDENT EMPLOYMENT
 CENTRAL MICHIGAN UNIVERSITY

**Student Employment Services
 Student Evaluation Form**

NAME: _____ Campus ID#: _____

The immediate supervisor should complete the evaluation form annually and review it with the student employee. Please email, fax or deliver a copy of the evaluation form to: Student Employment Services, UC121, email: stuempl@cmich.edu, fax: 989.774.4480. If you have any questions, please call 3881.

DEPENDABILITY	Good attendance; follows assigned tasks through to completion.
WORK PERFORMANCE	Quality and quantity of work, completes assignments accurately with minimal supervision.
CONFIDENTIALITY	Uses discretion in handling or processing sensitive data.
ATTITUDE	Interest in work, loyalty, positive reaction to criticism and suggestions of better work habits; ability to work well with co-workers.
ADAPTABILITY	Accepts and adopts new ideas, situations and/or conditions.
APPEARANCE	Cleanliness, neatness.
SAFETY	Performs work in a manner that danger to self, to fellow workers and to University equipment or property is minimized.

	Needs Improvement	Satisfactory	Excellent
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR COMMENTS

Supervisor Signature: _____ Date: _____

STUDENT COMMENTS

By signing this evaluation of my performance, I certify that I have seen and understand it, but may not necessarily agree with it. I understand that I may submit an appeal of this rating in writing to my supervisor, with a copy to Student Employment Services within five working days of this date.

Student Signature: _____ Date: _____