**JOB EVALUATION FORM**

Employee Name

Employee Number

Department

Date

Job Title

Date Employed

|  |
| --- |
| **Please evaluate and rate** |
| **Each Of the Qualities Listed** | **Satisfactory** | **Unsatisfactory** | **Unable to Rate** | **Comments** |
| Attendance/Punctuality |  |  |  |  |
| Professional Appearance |  |  |  |  |
| Shows substantial progress in learning assigned duties |  |  |  |  |
| Demonstrates commitment to the university and its mission. |  |  |  |  |
| Quality of work |  |  |  |  |
| Quantity of work |  |  |  |  |
| Accepts constructive criticism |  |  |  |  |
| Job Knowledge |  |  |  |  |