

STUDENT WORKERS EVALUATION FORM

This form must be filled out on all students who performed the work for your area (no matter how long they worked for you) immediately after they cease employment with you. No replacement or additional allotments will be made until this form is received by the Financial Aid Office. Once this form is sent, no further timesheets from your area on the student named below will be honored for any reason.

TERMINATION DATE: _____

STUDENT'S NAME _____ **BANNER ID #:** _____
 LAST FIRST MI

ADMINISTRATIVE or ACADEMIC AREA: _____

IMMEDIATE SUPERVISOR: _____

BRIEF JOB DESCRIPTION: _____

EVALUATION OF WORK PERFORMED: ___ OUTSTANDING ___ SATISFACTORY ___ UNSATISFACTORY

COMMENTS: _____

REASON STUDENT STOPPED WORKING: _____

WOULD YOU RE-HIRE THIS STUDENT? ___ YES ___ NO COMMENTS: _____

I declare that the information represented above is true and correct to the best of my knowledge.

Deans, Administrative Directors or Chairpersons
 x _____
Signature

Date