



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

TEMPORARY POOL EMPLOYEE EVALUATION FORM

Name of Temp Employee: _____

Temp Employees Job Title: _____ Department: _____

Supervisor: _____ Period Covered: _____

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

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

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

Would you re-hire this person? YES NO

Additional Comments:

Evaluated By: _____

Date of Evaluation: _____

Temp Employee Signature: _____ Date: _____

Return this form to the University Human Resource Office or fax to 901-448-5170