



# TEMPSOLUTIONS

*Your Solution to State Employment.*

## Temporary Employee Evaluation Form

Name of employee:	
Position held by employee:	
Assignment dates:	
Supervisor:	Phone Number:
Agency/Division:	

Please rate each item on the following scale

	Great		Mid		Poor
	1	2	3	4	5
Attendance					
Punctuality					
Quality of work					
Skill level					
Interaction w/ others					
Attitude					

Comments:
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Form completed by:

Date completed: