



NC Office of State Human Resources
Temporary Solutions

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:

Form completed by: _____

Date completed: _____