



Temporary Solutions
STATE HUMAN RESOURCES

Temporary Employee Evaluation Form

Employee Name:			
Position held by Employee:			
Assignment Dates:			
Supervisor:		Phone Number:	
Agency/ Division:			

Please rate each item on the following scale

	Great		Neutral		Poor
	1	2	3	4	5
Attendance					
Punctuality					
Quality of Work					
Skill level					
Interaction w/ Others					
Attitude					

Comments:

Form completed by: _____

Date completed: _____