



FWS STUDENT EMPLOYEE PERFORMANCE EVALUATION FORM

Student Name: _____

Date: _____
Student ID #: _____

Department: _____

Position Title: _____

Supervisor: _____

Review Semester: _____

PERFORMANCE REVIEW

Performance Criteria Please Mark ("X") in the appropriate column	Excel Expectations	Meet Expectations	Still Developing	Does Not Meet Expectations	Comments:
1. Punctuality (timeliness; reliable; dependable)					
2. Proper communication if not able to attend work					
3. Uses WTE to sign in and out					
4. Monitors earnings to FWS allocation					
5. Quality of Work (Completes work thoroughly and accurately)					
6. Maintains your office professional communication protocol					
7. Maintains expected dress code					
8. Maintains professional and respectful relationship with internal and external customers					
9. Takes initiatives on work assignments					
10. Abide by privacy of information guidelines					
OVERALL PERFORMANCE					
Would you like the student-worker back?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Immediate Supervisor's Statement (attach extra pages as needed):

This evaluation represents my best assessment of the student employee's performance based upon my observation and review of the employee's work.

Departmental Supervisor Signature: _____ Date: _____



XAVIER
UNIVERSITY *of* LOUISIANA

Office of Student Financial Aid and Scholarships
