

ANNUAL STUDENT PERFORMANCE REVIEW FORM

Please complete the form below and share it with the student employee before forwarding to Career Services Center ML 1161 or fax to Attention Student Employment: 513.745.3523 information will be kept in personnel file. Completing this form is required in order to hire a replacement for students not returning to their current positions.

EMPLOYEE INFORMATION

On-Campus site **Off-Campus Site (CSJP)**
Please indicate above

Review Period: _____

Date completed: _____

Name: _____

Student ID: 000_____

Supervisor: _____

Department/Office Location: _____

RATINGS

Poor = 1 Fair =2 Satisfactory =3 Good = 4 Excellent =5

Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality/Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL EVALUATION COMMENTS

RE-HIRE RECOMMENDATION

I recommend this student for rehire & request reassignment to my department

I DO NOT recommend this student for rehire (student graduated or withdrawn or poor work performance) details below.

Student graduating

Supervisor's Signature: _____ **Date:** _____

STUDENT'S ACCEPTANCE of RE-HIRE I attest that I have been offered and accept the opportunity to return to this position in: **Fall of 2011**. By signing I confirm that I have registered or have the intent to register as a full-time student. I also understand that failure to register full-time or follow office procedures may jeopardize my eligibility to work on campus. It is my belief that such work will not jeopardize my academic standing. XU reserves the right to terminate employment due to change in availability of funds or failure to perform work in the manner expected. I agree to keep confidential and refrain from disclosing any student or XU information, except as directed by my supervisor. I further acknowledge that violation of this CONFIDENTIALITY agreement could result in disciplinary action, including termination of employment.

Student Signature: _____ **Date:** _____