

EMPLOYEE PERFORMANCE EVALUATION

- For Auxiliary in a Posted Position (< 4 Months Assignments)
 For Auxiliary in a Non-Posted Position

In order for the Human Resources Department to continue to provide qualified auxiliary employees, we ask that you to take a few minutes to complete the employee evaluation. Your evaluation is given careful consideration and is confidential subject to freedom of information legislation and Collective Agreement requirements. All results are noted on the employee's files for future reference. Your honest input is valued. Please submit this evaluation at any time during or immediately after the assignment.

EMPLOYEE NAME _____ EMPLOYEE ID# _____

ASSIGNMENT DATES: FROM: _____ TO: _____ DEPARTMENT _____

How well were the assigned duties carried out? Please circle the appropriate number

Keyboarding	Unsatisfactory	1	2	3	4	5	Superior
Filing	Unsatisfactory	1	2	3	4	5	Superior
Telephone	Unsatisfactory	1	2	3	4	5	Superior
Mail	Unsatisfactory	1	2	3	4	5	Superior
Bookkeeping	Unsatisfactory	1	2	3	4	5	Superior
Clerical	Unsatisfactory	1	2	3	4	5	Superior
Organizational skills	Unsatisfactory	1	2	3	4	5	Superior
Interpersonal skills	Unsatisfactory	1	2	3	4	5	Superior
Other (specify) _____	Unsatisfactory	1	2	3	4	5	Superior
Other (specify) _____	Unsatisfactory	1	2	3	4	5	Superior
Did he/she follow instructions well?	Not well	1	2	3	4	5	Extremely well
Did he/she readily comprehend instructions?	Not well	1	2	3	4	5	Extremely well
Was he/she enthusiastic about the work and job?	Not very	1	2	3	4	5	Very enthusiastic
Was he/she pleasant and courteous at all times?	Never	1	2	3	4	5	Always
Did he/she get along with other staff members?	Not at all	1	2	3	4	5	Always
How would you rate his/her overall performance?	Unsatisfactory	1	2	3	4	5	Superior

Would you have this person return to your office for another assignment? YES NO
 Additional Comments or Suggestions are appreciated (attach additional sheet/s if necessary):

SUPERVISOR SIGNATURE: _____ DATE: _____

I have been advised of my performance ratings. I have read and discussed the contents of this review with my supervisor.

I agree with the evaluation I disagree with the evaluation

EMPLOYEE SIGNATURE: _____ DATE: _____

My comments are as follows (optional) (attach additional sheet/s if necessary):

