

**Human Resources**  
910 Madison Ave, Suite 722  
Memphis, TN 38163  
Tel: (901) 448-5600 Fax: (901) 448-5170

## TEMPORARY POOL EMPLOYEE EVALUATION FORM

Name of Temp Employee: \_\_\_\_\_

Temp Employees Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Period Covered: \_\_\_\_\_

How would you rate this employee's performance? (circle one)

*5=Outstanding 4=Commendable 3=Effective 2=Needs Improvement 1=Unsatisfactory*

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A. Quality of Work                        | 1 | 2 | 3 | 4 | 5 |
| B. Takes Direction Well                   | 1 | 2 | 3 | 4 | 5 |
| C. Attendance                             | 1 | 2 | 3 | 4 | 5 |
| D. Initiative                             | 1 | 2 | 3 | 4 | 5 |
| E. Interpersonal Skills                   | 1 | 2 | 3 | 4 | 5 |
| F. Technical Skills                       | 1 | 2 | 3 | 4 | 5 |
| G. Ability to work with fellow co-workers | 1 | 2 | 3 | 4 | 5 |
| H. Ability to handle the public           | 1 | 2 | 3 | 4 | 5 |

Would you re-hire this person? ☐ YES ☐ NO

Additional Comments:

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Evaluated By: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

**Return this form to the University Human Resource Office or fax to 901-448-5170**