



TEMPORARY POOL EMPLOYEE EVALUATION FORM

Name of Employee _____

Job Title _____

Department _____

Supervisor _____

Period Covered _____

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

1=Outstanding 2=Commendable 3=Effective 4=Needs Improvement 5=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: _____

Evaluated by: _____

Date of Evaluation: _____

Return this form to the Temporary Pool Administrator, 6054 S. Drexel Avenue Chicago, IL, 60637 or fax to 773-702-0353.