

**PERFORMANCE ASSESSMENT
OF SEPARATING EMPLOYEE**

Instructions to Supervisor:

Please complete the following assessment on the employee name below. Your honest assessment of **work related factors** will be used in determining eligibility for re-employment in your department or other departments on campus. Be as factual as possible remembering that your evaluation will be helpful to other departments on campus. This document should reflect the separating Personnel Action Request (PAR) and performance evaluation given while the employee worked for SFA. This form is subject to Open Records.

Thank you,
Director of Human Resources

Name: _____ Position Held: _____
Department: _____ Supervisor: _____

Date of Employment: _____ to _____

Reason for Leaving: Resignation Discharge End of Assignment
 Suspension Retirement Not specified

If separation was not voluntary, please explain reason for discharge (attached additional sheet if necessary):

Would you re-employ this person in your department? Yes No If no, explain:

Would you recommend employment of this person in another SFA department? Yes No

Please complete evaluation scale:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<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"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work related remarks: _____

Signature of Supervisor: _____ Date: _____

Please return this form to **Human Resources**, P.O. Box 13039, as soon as possible.