



# Chaffey Community College

## Student Employee Evaluation and/or Termination

**PLEASE CHECK ONE**

Evaluation Only   
 Evaluation and Termination

Employee: \_\_\_\_\_  
FIRST MIDDLE LAST

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Evaluation Period: From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Reason for Termination (if applicable): \_\_\_\_\_ Termination Date: \_\_\_\_\_

- End of Academic Year (Note: unless continuing employment, all student positions must be terminated by 6-30 FYE)
- Federal Work-Study Award Exhausted
- Employee Resigned
- Employee was advised on \_\_\_\_\_ that his/her compliance with the job requirements was unsatisfactory and that failure to improve would result in termination. The supervisor prepared an evaluation form at that time reviewing the employee's performance (please attach). Employee received a copy of the evaluation and was given the opportunity to respond to the evaluation in writing.
- Other \_\_\_\_\_

**Instructions to the Supervisor:**

- This form is intended to aid the employee and the supervisor in arriving at an understanding of the employee's performance and progress in a given position for the above designated period of time. The evaluation has value as a counseling aid and therefore should be reviewed together by the supervisor and the employee. A copy of the evaluation will be placed in the employee's personnel file. The employee shall have a right to have attached written comments rebutting any derogatory comments made in the evaluation.
- Consider the demonstrated qualities of the employee in comparison with the position description. Consider the employee's typical performance within the reported period only.
- Please include specific factual examples of work performance if rating is "Does Not Meet Job Requirements." Suggestions as to how performance can be improved may also be included in your comments.

QUALIFICATION FACTORS	EXCEEDS JOB REQUIREMENTS	MEETS JOB REQUIREMENTS	DOES NOT MEET JOB REQUIREMENTS
1. JOB SKILLS: Accuracy Completeness	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. JOB KNOWLEDGE: Methods Procedures	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. WORK HABITS: Organization Attendance	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. COMMUNICATION SKILLS: Open/Friendly Informative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. ATTITUDE: Enthusiastic Interested	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**Evaluator's Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee's Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

The employee's signature indicates that the employee has seen and discussed the evaluation report. It does not necessarily indicate complete agreement with all factors of the evaluation. As mentioned above, the employee has a right to attach comments rebutting any derogatory comments made in the evaluation.