

Federal Work-Study Coordinators

Julie Craig: juliec@uark.edu / 479-575-3283

Erin Wooldridge: ewooldri@uark.edu / 479-575-2430

Student Employee's Name:	Department/Job Location:			
Supervisor's Name:	Dates Employed: Start// End//			
A: List the principal functions or duties of the student and rate accordingly				
Principal Functions (Please fill in student worker job duties)	Superior	Commendable	Satisfactory	Unsatisfactory
B: Additional Work-Related Factors				
	Superior	Commendable	Satisfactory	Unsatisfactory
Attendance / Promptness / Dependability				
Initiative				
Receptivity to Suggestions of Supervisor				
Ability to Work Autonomously				
Other:				
C: Overall Evaluation				
Circle one overall rating	Superior	Commendable	Satisfactory	Unsatisfactory
Would you consider rehiring this person?	☐ Yes ☐ No			
Comments:				
Certification Statement: "I have reviewed and understand the Student Employee Evaluation."				
Student Employee's Signature				
Supervisor's Signature		Date		