

Federal Work-Study Coordinators

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Chudant Francisco de Names.					
Student Employee's Name:	Department/Job Location:				
Supervisor's Name:	Dates Employed:  Start//  End//				
		End/	<i>J</i>		
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					
B. Additional Work-Neiateu Factors			C 11 C 1		
Attandance / Durantucce / Dancudahilitu	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	<u>-</u>	□ No	
Comments:			<u>.</u>		
comments.					
p					
Certification Statement: "This form has been filled out to the b	est of my ability.	. I understand my a	nswers will rema	ain confidential."	
Student Employee's Signature	Date				