

**Lincoln University**  
 Student Employment Office  
 Federal/Institutional Work Study Program  
 Student Employee  
 Separation/Evaluation Report Form

Student' Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Evaluation Period:  Fall  Spring  Summer

Reason for Separation:  Resigned  Terminated  Contract Ended

If involuntarily terminated, please indicate reason: \_\_\_\_\_

**Performance Evaluation**

	Very Good	Above Average	Average	Below Average
Attendance				
Punctuality				
Dependability				
Attitude				
Ability to Work Well With Others				
Completion of Tasks in a Timely Manner				
Willingness to Perform Other Tasks				
Quality of Work				
Follows Instructions				

Additional Comments: \_\_\_\_\_

Would you rehire this student?  Yes  No

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_