



Lincoln University
Office of Student Support Services
Student Employment Program
Student Employee Separation/Evaluation Form

Student's Name: _____ ID#: _____

Separation Date: _____ Semester: 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 Task 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/Organization: _____ Telephone: _____

(Please send completed forms to Ms. Marlayne Bailey, Office of Student Support Service, upon completion.)