

SEASONAL EMPLOYEE'S PERFORMANCE RECORD

EMPLOYEE'S NAME (Print)		SOCIAL SECURITY NUMBER (Last 4 digits only)	
ASSIGNED STATION		FROM	
		TO	
JOB TITLE			
REPORT DISCUSSED WITH EMPLOYEE		YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYEE PLANS ON RETURNING TO WORK NEXT YEAR		YES <input type="checkbox"/>	NO <input type="checkbox"/>
RATING STANDARDS: U = Unacceptable S = Standard Level A = Above Average			
	RATING		RATING
1. Quality of Work		5. Professionalism	
2. Quantity of Work		6. Dependability	
3. Job Knowledge		7. Physical Fitness	
4. Job Attitude		8. Safe Work Habits	
SUPERVISOR WILL COMMENT ON UNACCEPTABLE RATING			
COMMENTS:			
IT IS THE EMPLOYEE'S RESPONSIBILITY TO NOTIFY UNIT OF ANY ADDRESS CHANGE			
EMPLOYEE'S SIGNATURE _____		DATE _____	
SUPERVISOR'S SIGNATURE _____		DATE _____	