

**SKIDMORE COLLEGE
Temporary Assignment
Evaluation Form**

Employee Name: _____

Classification temporarily assigned to: _____

Temporary assignment start date: _____ End Date: _____

While on temporary assignment I would rate the employee in the following areas:

	Needs Improvement	Acceptable	Outstanding
Knowledge of temporary position			
Are tasks completed timely			
Are tasks completed thoroughly			
Seeks ways to improve in temporary assignment			
Interaction with fellow employees			
Enthusiasm			
Overall performance in temporary assignment			

Areas in which the employee needs improvement:

Areas where employee has shown improvement:

Areas in which the employee excels:

Employee comments:

Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

This form is to be completed by the employee's immediate supervisor monthly while an employee is on temporary assignment and at the conclusion of all assignments. Copies should be given to the employee and Human Resources.