

# Annual Student Employment Self Evaluation

Student Employment Office TCC 210

Phone: (310) 506-4177

PEPPERDINE

Student Employment Office

Name: \_\_\_\_\_

Department: \_\_\_\_\_ CWID: \_\_\_\_\_

*Directions: Place the appropriate number in the space provided that you believe best describes your performance using the following point system:*

1. Needs Improvement    2. Average    3. Above Average    4. Excellent

## Punctuality/Dependability (Please rate your ability to . . .)

Arrive to work on time for each scheduled shift. \_\_\_\_\_

Provide notice when you are unable to report to work. \_\_\_\_\_

Comments:

## Work Performance (Please rate your ability to . . .)

Perform tasks in a timely manner. \_\_\_\_\_

Follow directions accurately. \_\_\_\_\_

Take initiative to begin new tasks (self-starter). \_\_\_\_\_

Complete and approve Kronos timecard accurately and on time. \_\_\_\_\_

Comments:

## Communication (Please rate your ability to . . .)

Ask questions when necessary. \_\_\_\_\_

Improve work performance when given constructive criticism \_\_\_\_\_

Gets along well with co-workers/ team player \_\_\_\_\_

Exhibit professionalism in job responsibilities. \_\_\_\_\_

Comments:

**Total Points** \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date