Part-time Employee Assessment Form

Employee Name	
Department	
Position	
1 OSIUOTI	
Supervisor	
Assessment Date	
Performance Criteria	
Attendance & Punctuality	<u> </u>
Ouglibu of Work	-
Quality of Work	_
Teamwork	
realiiwork	_
Communication Skills	
Communication China	_
Dependability	
	•
Comments / Additional Feedback	
Employee Comments	
Supervisor's Name	
Date	