



Temporary Labor Evaluation

CITY OF WACO

Employee: _____ Today's Date: _____
Dates Employed: From _____ To: _____
Department: _____

Please rate the following areas from 1 to 5, according to the following scale.

1. Unsatisfactory
2. Below Expectations
3. Satisfactory
4. Exceeds Expectations
5. Outstanding

Punctuality: Rating | _____

Attendance: Rating | _____

Teamwork: Rating | _____

Customer Rating | _____

Communication: Rating | _____

Safety: Rating | _____

Would you utilize this individual again? Yes No

Comments:

Signature

Printed Name