

**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"/>
<b>RATING STANDARDS:</b> <b>U</b> = Unacceptable <b>S</b> = Standard Level <b>A</b> = Above Average			
1. Quality of Work 2. Quantity of Work 3. Job Knowledge 4. Job Attitude	RATING	5. Professionalism 6. Dependability 7. Physical Fitness 8. Safe Work Habits	RATING
<b>SUPERVISOR WILL COMMENT ON UNACCEPTABLE RATING</b>			
COMMENTS:			
<b>IT IS THE EMPLOYEE'S RESPONSIBILITY TO NOTIFY UNIT OF ANY ADDRESS CHANGE</b>			
EMPLOYEE'S SIGNATURE		DATE	
SUPERVISOR'S SIGNATURE		DATE	