

**UNIVERSITY OF MINNESOTA, DULUTH  
DEPARTMENT OF HUMAN RESOURCES**

**TEMPORARY OFFICE SERVICE (TOS) PERFORMANCE RATING**

Name: \_\_\_\_\_ Assignment Date/s: \_\_\_\_\_ Dept: \_\_\_\_\_

Job/Duties Performed: \_\_\_\_\_

T.O.S. SUPERVISOR: Please complete the following appraisal categories, based upon the work performed by the above TOS employee while working in your department. Your comments and suggestions are essential in maintaining an efficient and well-trained staff.

	<i>Requirements Were Not Met</i>	<i>Consistently Met Requirements</i>	<i>Consistently Met All and Exceeded Many Requirements</i>
<b><u>Quality of Work:</u></b> Consider thoroughness, neatness, and accuracy in completing assignments.	_____	_____	_____
<b><u>Quantity of Work:</u></b> Prioritizing, timing, scheduling and quantity.	_____	_____	_____
<b><u>Personal Skills:</u></b> Was flexible, courteous, accommodating and responsive to requests.	_____	_____	_____
<b><u>Dependability:</u></b> Provided reliable temporary support, including punctuality and attendance commitment.	_____	_____	_____

**Additional comments or areas where you feel further training is necessary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you accept this employee again?    Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**TOS Employee Comments:** \_\_\_\_\_

\_\_\_\_\_

This completed form was reviewed with me.

T.O.S. Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return the completed form to Lita Wallace, 255 DAdB.*