

FELLOWS STAFFING

Branch _____

Week ending Sunday _____

Your Name _____

Employee Evaluation	Excellent	Very Good	Satisfactory	Needs Improvement
How well is the temporary solving my department's challenges?				
How valuable, on an hour by hour basis, is quality and quantity of work output by this worker?				
How well does this temporary represent my company professionally?				

If we have another need, I would request this temporary again: Yes No

Comments: _____

Company Name

Signature

Print Name

Dept.

Date