

WEST VIRGINIA DIVISION OF HIGHWAYS
SUMMER EMPLOYEE APPRAISAL

NAME:	
DISTRICT/DIVISION:	SOCIAL SECURITY # (last 4 digits):
HIRE DATE:	DATE SEPARATED:
DUTIES/ASSIGNMENTS (be specific):	

Please complete the following carefully evaluating each area in line with your observation while under your supervision.

Job Performance	Poor	Fair	Good	Very Good	Excellent
Quality					
Quantity					
Attitude (toward the job)					
Cooperation					
Attendance (punctuality)					
Initiative					
Appearance					
Dependability					
Adaptability					
Overall Performance					

Would you recommend re-employing? Yes No Maybe

If "no" or "maybe", briefly explain: _____

Supervisor Signature

Date: _____

Division Director or DE/MGR Signature

Date: _____