



**Temporary Employee
Evaluation Form**

Name _____

Department Name _____

Position Title _____

1. In the event this position were approved for full-time status, would you accept an offer of employment ? If no, please explain. _____

Yes

No

2. Would you consider working in another temporary position with Georgia State? If no, please explain. _____

Yes

No

3. Additional Comments: _____

Suggestions for PantherTEMPS:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.