



**Departmental
Evaluation Form**

Name

Department Name

Position Title

Temp Employee Name

1. In the event this position were approved for full-time status, would you offer it to the current temporary employee? If no, please explain. _____

Yes

No

2. Would you consider this person for another temporary position? If no, please explain. _____

Yes

No

3. Employee's Strengths/Areas of Improvement (ie: tardiness, working well with others, software proficeincy): _____

4. Additional Comments: _____

Suggestions for PantherTEMPS:

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.
Please return via Interoffice Mail or Fax 404-651-2826**