



OJT JOB PERFORMANCE REVIEW

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Contract # _____ Business Services Representative / WDS _____ Month / Year _____

Participant Name _____ Last 4 digits of SSN _____

Employer _____ Supervisor _____ Phone # _____

	E	M	N	U
QUALITY OF WORK: Performs assigned duties. Output of product/services.				
ABILITY TO WORK WITH OTHERS: Takes directions well. Responsible and courteous with associates and co-workers				
WORK HABITS AND INITIATIVE: Prompt, active, keeps busy, uses time well, helps others				
OVERALL EVALUATION: Include comments below if appropriate				

E – Exceeds Job Standards M – Meets Job Standards N – Needs Improvement U – Unsatisfactory

Comments:

Participant Signature Date
(Optional, signature does not indicate concurrence)

Supervisor Signature Date

For County (WDD) Use Only:

OJT Completion Status (Check all that Apply):

- Completed Training / Retained
Hourly Wage : \$ _____ Hours per Week: _____
Green Job Yes No Fringe Benefits Yes No Health Benefits Yes No Eligible for UI Yes No
Job Title: _____
- Certification/s / Certificate/s Earned: _____
- Completed Training / Not Retained (provide explanation below or on additional sheet)
- Voluntarily Quit Date _____
- Terminated (provide explanation below or on additional sheet)
- Other: _____

