**Intern End of Employment Rating Form**

*Supervisors are required to complete an end of employment review for all interns. Copies of reviews should be submitted to the Office of Human Resources.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern Name:** |      | **Personnel No.** |       |
| **Title:** |       | **Start Date:** |       |
| **Supervisor/Mentor:** |       | **Department:** |       |
| **Review Period from:** | Click or tap to enter a date. | **To:** | Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Excellent** | **Good** | **Fair** | **Unsatisfactory** | **Comments** |
| **Work Quality** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Dependability** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Initiative** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Flexibility** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Skill Building** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Professionalism** | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **Punctuality** | [ ]  | [ ]  | [ ]  | [ ]  |       |

**General Comments on Performance**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed By:** |  | **Date:** | 12/12/2023 |

|  |  |
| --- | --- |
| **Employee Signature:** |  |

# Employee signature only indicates receipt of quarterly review and is not necessarily in agreement.