

SSE Program Evaluation Form

10 Day Evaluation

Section I: To be completed by the SSE Mentor

I. SSE Evaluation Information:	Date Completed: ___ / ___ /20___
Contractor Company Name:	
Short Service Employee's name:	
SSE's date beginning on Job Site: ___ / ___ /20___	
Current Classification:	
SSE's Crews Location:	
This is Evaluation Number: ___ of ___ Period Week ending: ___	
Evaluator's Name: _____ Title: _____	

Section II: to be completed by the SSE Mentor

II. SSE's Evaluation Categories:				
Evaluation Number:	#1	#2	#3	#4
Evaluation Categories	Excellent	Good	Marginal	Unsatisfactory
1. Compliance with OSHA Regulations:				
2. Compliance with Customer rules:				
3. Compliance with Company's rules:				
4. Cooperation and Team Work:				
5. Attendance / Punctuality:				
6. Attitude / Behavior:				
7. Demonstrates Knowledge of Duties:				
8. Demonstrates Skills in Performance:				
9. Recognizes Potential Unsafe Conditions:				
10. Communication Skills:				
11. Assumes His /Her Responsibilities:				
12. Levels of Motivation:				

Section II to be Reviewed and Discussed with SSE prior to Section III being filled out. SSE Signature required.

SSE Signature and Date: _____ Date: _____

Section III: to be completed by the Evaluator

III. Mentor's Final comments and recommendations:	
Mentor's (Evaluator) additional comments:	
Mentor's recommendation of continued employment: YES ___ NO ___	
Mentor's reason for recommendation of SSE's dismissal:	
Mentor's Signature: _____ Date: ___ / ___ /20___	

Section IV: to be completed by the Supervisor

IV. Supervisor Review & Recommendations:
Supervisor's Review Date: ___ / ___ /20___

Supervisor's recommendation of continued employment: YES _____ or NO _____
Other Considerations or Recommendations:
Supervisor's Signature: _____ Date: ____/____/20____

After completion, send a copy of this form to the Project Manager of Nitro Construction Services