CHICAGO STATE UNIVERSITY

1867

Office of Human Resources
Testing Unit
9501 S. King Drive/ADM 203
Chicago, Illinois 60628-1598
Tel. 773.995.2040

TO: **SUPERVISORS OF EXTRA HELP EMPLOYEES**

FROM: **HUMAN RESOURCES TESTING UNIT**

RE: **TESTING PROCEDURES FOR EXTRA HELP EMPLOYEES**

In order for Extra Help Employees to be considered for taking a Civil Service test, please complete the three months Evaluation form on the following page.

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FOR SUPERVISOR USE ONLY

Extra Help
THREE MONTHS EVALUATION/TESTING CONSIDERATION

_____
Extra Help Name

As Supervisor of the department of _____, I am submitting a performance evaluation for the Extra Help employee named at the top of this form.

Please check and rate accordingly (If Need Improvement is checked, must add comment)

Rating	Above Expectations	Meets Expectations	Needs Improvement *
1. Attendance			
2. Punctuality			
3. Performance			

Additional comments:

_____

_____

_____

_____ _____ _____
Supervisor Print Name Signature Date

Please fax directly to Testing at: (773) 995-2942

If 'Needs Improvement' is checked the employee must show improvement in thirty days and then reevaluated before the test is administered.