

**Escambia County
Board of County Commissioners
Temporary Duty Performance Evaluation**

This form must be completed by the supervisor of the temporary duty employee and forwarded to Risk Management within seven days after completion of the temporary duty assignment. Risk Management is responsible for forwarding the evaluation form to the employee's home department.

Name: _____ **SSN:** _____

Temporary Job Title: _____ **Rating Period:** _____

1. Conduct: _____

2. Absenteeism/Tardiness: _____

3. Work Habit: _____

4. Communication: _____

Supervisor's Comments: _____

Supervisor's Signature/Title

Today's Date

Employee's Signature

Today's Date

My signature does not indicate my agreement with this evaluation.