

BCTemp Pool Services Evaluation

The purpose of this brief evaluation is to assess the effectiveness of the BC Temporary Pool placement process. Please send this completed form to Anita Ulloa, Director Employment , Department of Human Resources, More Hall 315. Thank you for your assistance.

Name of BCTemp: _____

Date Request Submitted: _____ Department Contact: _____

Date Assignment Started: _____ HR Contact: _____

Date Assignment Filled: _____

Date BCTemp Started Work: _____

Please rate the BCTemp Pool Services Area for the following:	Poor					Excellent
	1	2	3	4	5	N/A
The availability of the BCTemp Pool Administrator (timely response to inquiries by telephone or e-mail)						
The quality of the information provided by the BCTemp Administrator (clear and helpful?)						
The quality of the information available online (clear and helpful?)						
Length of time it took to fill the request						
How did the BCTemp's skills match the skills requested						
Overall effectiveness of the BCTemp for the assignment						

Overall effectiveness of the BCTemp Pool Administrator							
Overall effectiveness of the BCTemp Pool placement process							

Additional Comments/Suggestions:

Signature: _____ Date: _____