



Job Designation

Required no. of hours

Noted by:

STI College Southwoods

OJT Supervisor

Student Trainee

Date of Agreement



PERFORMANCE APPRAISAL

| | | | |
|----------------|------------------------|-------------------|--------------------|
| Last Name | First Name | | MI |
| STI Campus | Program | Year Level | Section |
| Host Company | Department Assigned to | | |
| OJT Supervisor | Designation | Evaluation Period | Total No. of Hours |

| Evaluation Criteria | Rating | Equivalent Grade |
|---|--------|------------------|
| Technical Competence (25%) Effective application of skills and technical knowledge in meeting the requirements or accomplishing goals of assigned tasks and projects | | |
| Attitude (25%) Attitude towards work, such as willingness to learn, adherence to the policies, dependability, trustworthiness, resourcefulness, and ability to provide solutions to problems in the area of work and such other qualities that may be pertinent | | |
| Quality of Work (20%) Work standards, accuracy and reliability of output, and on-time delivery of requirements | | |
| Quantity of Finished Work (10%) Work accomplished per evaluation period | | |
| Inter-Personal Relationships (10%) Communication skills and attitude towards people | | |
| Attendance and Punctuality (10%) Number of absences and tardiness per evaluation period | | |
| TOTAL | | |

Comments/Remarks:

Rating Equivalent

| Rating | Description |
|----------|--------------|
| 98-100 | Excellent |
| 89-97 | Very Good |
| 80-88 | Satisfactory |
| 75-79 | Fair |
| Below 75 | Failed |

Reviewed by:

Date

OJT Supervisor's Signature



DAILY TIME RECORD

| | | | | |
|----------------|-------------|------------------------|------------|---------|
| Last Name | | First Name | | MI |
| STI Campus | | Program | Year Level | Section |
| Host Company | | Department Assigned to | | |
| OJT Supervisor | Designation | Schedule | OJT Period | |

| Week No. | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Total No. of Hours per Week |
|----------|---------|----------|---------|----------|-----------|----------|----------|----------|---------|----------|----------|----------|-----------------------------|
| | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | |
| Date | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |

Reviewed by:

Date

OJT On-Site Supervisor Signature