

**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)

Table with 4 columns: Rating, Above Expectations, Meets Expectations, Needs Improvement \*. Rows include 1. Attendance, 2. Punctuality, 3. Performance.

Additional comments:

Three horizontal lines for entering 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.