DEPARTMENT OF LABOR AND EMPLOYMENT
GOVERNMENT INTERNSHIP PROGRAM
AGENCY EVALUATION FORM

INSTRUCTION TO SUPERVISOR:

Please use this form to assess the qualification of the interested applicant. This is for Agency's use and file only.

1. **In the rating chart below, please evaluate the applicant in terms of the following criteria:**

	Excellent	**Very Good**	**Average**	**Below Average**
Communication skills[1]				
Computer literacy and access to internet[2]				
Adaptability to a multi-disciplinary environment[3]				
Ability to work independently or as part of a team[4]				
Demonstration of initiative and flexibility[5]				

2. **Reason/purpose for recommending the person** *(Please state additional competencies acquired during the GIP engagement)*

NOMINATION:

For re-admission ☐

I recommend Mr./Ms._____ to the DOLE-Government Internship Program (GIP) for the duration of _____and with the following functions:

1.

2.

3.

Intent to Hire/absorb ☐

I recommend Mr/Ms._____ to be absorb as *(Please state the position)* **effective on** *(Date absorb)* **and with the following functions:**

1.

2.

3.

Status of Employment

____Job-order **____Permanent/regular** **____Others (pls. specify)**

____Contractual **____Temporary**

Note: A certification from the Agency shall be attached in the GIP Absorption Report (GIP Form H) for submission to BLE (due every 3rd week of November of the year)

DATE	**Recommended:** **SIGNATURE OVER PRINTED NAME OF IMMEDIATE SUPERVISOR**
DATE	**Approved:** **IMELDA F. GATINAO, Assistant Regional Director**

[1] As verified from the accomplished Internship Application Form, items 7 and 8.
[2] As verified from applicant's academic credentials.
[3] As verified from applicant's academic credentials.
[4] As verified by interview with applicant.
[5] As verified by interview with applicant.