

# *Innovative Partners, Inc.*

The Right People for the Job

## Quality Assurance Survey

Please Answer the following questions using a rating scale of 1-5.  
1 represents a total failure and 5 represents perfect.

<b>Company Name</b>		<b>Week Ending Sun</b>		
Address		City		
Job Title	P.O.			
<b>Employee Name</b>		<b>Hold My Check</b>	<b>Mail My Check</b>	
<b>Social Security Number</b>		<b>Available for Work?</b>	<b>Yes</b>	<b>No</b>
<b>Employee Signature</b>		<b>When Available?</b>		

Please rate this employee on attendance including Breaks:

1      2      3      4      5

Please rate this employee's willingness to learn:

1      2      3      4      5

Please rate this employee on their compliance:

1      2      3      4      5

Please rate this employee's overall performance:

1      2      3      4      5

The area below is for comments you would like to express about this employee:

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Important for Employee: By executing this form, employee agrees to terms and conditions on reverse side, certifies that this form is true and accurate, and that no injuries were suffered.

Day	Date	Hours to nearest quarter hour				
		Started	Finished	Less Lunch	Reg Hours	OT Hours
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
Minimum Four (4) Hours Per Employee Per Day		Regular		Overtime		
		HRS	MIN	HRS	MIN	

<b>Client: Please write total hours in words to nearest quarter hour above</b>	<b>Total Hours</b>
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<b>PLEASE PRINT NAME (CLIENT)</b>	<b>TITLE</b>
<b>AUTHORIZED SIGNATURE (CLIENT)</b>	<b>Is this employee continuing this assignment? Yes No</b>

Important for client: By execution of this form, client certifies that hours shown are correct: work was done satisfactorily. Please draw line through unused spaces above.