

**DEPARTMENT OF BUSINESS SERVICES  
DIVISION OF ADMINISTRATIVE AFFAIRS  
UNIVERSITY OF MARYLAND**

**SERVICE EVALUATION FORM**

*Our records indicate that your office recently contracted with the Department of Business Services, Terp Services Unit for a temporary employee or service. Terp Services is interested in your comments regarding the quality of service you received and your satisfaction with the final product. Please assist us by filling in the information below and returning this evaluation form to the Department of Business Services. Your cooperation and feedback will help keep Terp Services staff informed of your level of satisfaction with the services provided. Thank you for your assistance.*

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Name \_\_\_\_\_ Department \_\_\_\_\_

*Please circle the number that best represents the level of service provided.*

	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
1. Qualification of Temporary Employee	1	2	3	4
2. Knowledge of Temporary Employee	1	2	3	4
3. Office Staff Customer Service	1	2	3	4
4. Responsive to Request	1	2	3	4
5. Final Product for Transcription Services	1	2	3	4

Additional Comments:

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*Once completed, please fold and staple this form and return it to the Department of Business Services, via campus mail.*

*For further information or questions, please contact Maria Goodlatte at extension 59271.*