

Annual Performance Rating Form

	Evaluation Period (month/year):/	to/
	Employee Name:	
	Employee ID:	
	Position Number:	
	Title:	
	Department:	
	Rater/ Supervisor Name:	
The performan	ce of the above-named individual at his/her current rank or positi	on has been rated as:
□ 5-	Outstanding Far exceeds performance expectations on a consistent and unifor essential areas of responsibility. In addition, makes an exceptional department, and University objectives	
□ 4-	Exceeding Expectations Always achieves performance expectations and <i>frequently</i> exceed high level of quality in all areas of responsibility.	s them. Demonstrates performance of a very
□ 3-	Meeting Expectations Consistently fulfills performance expectations and <i>periodically maj</i> significant areas of responsibility.	y exceed them. Work is of high quality in all
□ 2-	Below Expectations Frequently fails to meet expectations and improvement is needed in	these areas.
□ 1-	Fails to Meet Expectations Consistently fails to meet expectations and improvement is needed in	n most aspects of position.
COMMENTS:		
Employee Sign	ature	Date
Rater/ Sunervis	sor Signature	

This signature indicates only that the rating has been discussed with the person rated and does not necessarily imply consent. The person rated is to receive a copy of the signed form.