



Annual Performance Rating Form

Evaluation Period (month/year): ____/____ to ____/____

Employee Name: _____

Employee ID: _____

Position Number: _____

Title: _____

Department: _____

Rater/ Supervisor Name: _____

The performance of the above-named individual at his/her current rank or position has been rated as:

- 5- Outstanding
4- Exceeding Expectations
3- Meeting Expectations
2- Below Expectations
1- Fails to Meet Expectations

COMMENTS:

Two horizontal lines for writing comments.

Employee Signature

Date

Rater/ Supervisor Signature

Date

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.