Appendix A

**Annual Performance Rating Form for Faculty Members**

Evaluation Period (month/year): January 2024 to December 2024

Employee Name:

Employee ID:

Position Number: Title: Department: Rater/ Supervisor Name:

The performance of the above-named individual at their 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:

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.*

Appendix A-1

\*Optional\*

Note: If provided as an attachment, this will be sent to the faculty’s official personnel file with OFA.

Faculty Rating: Provide brief narrative statements which describe this faculty member’s performance at the rank currently held:

1. Teaching
2. Research and Creative Work
3. Service to the University, Profession, and Community

Reviewed 28 February 2025