



Annual Performance Rating Form for Faculty Members

Evaluation Period (month/year): January – December _____

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.