



**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.*