



**Annual Performance Rating Form for Faculty Members**

Evaluation Period (month/year): January 2021 to December 2021

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:

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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.*