



### Annual Performance Rating Form for Faculty Members

Evaluation Period from \_\_\_\_\_ to \_\_\_\_\_

Employee Name:

Employee ID:

Position Number:

Title:

Department:

Supervisor:

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

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.*