



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:

Outstanding: Far exceeds performance expectations on a consistent and uniform basis. Work is of exceptional quality in all essential areas of responsibility. In addition, makes an exceptional or unique contribution in achievement of unit, department, and university objectives. **Exceeding Expectations:** Always achieves performance expectations and frequently exceeds them. Demonstrates performance of a very high level of quality in all areas of responsibility. **Meeting Expectations:** Consistently fulfills performance expectations and periodically may exceed them. Work is of high quality in all significant areas of responsibility. **Below Expectations:** Fails to meet expectations in one or two of the significant/essential position requirements and improvement is needed in these areas. **Fails to Meet Expectations:** Fails to meet expectations in more than two of the significant/essential position requirements and improvement is needed in most aspects of position.

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.