

Annual Performance Rating Form

Evaluation Period (month/year): <u>07/01/2022</u> to <u>06/30/2023</u>

Employee Name:	
Employee ID:	
Position Number:	
Title:	
Department:	
Rater/ Supervisor Name:	
The performance of the above-named individual at his/her current rank	or position has been rated as:
5- Outstanding Far exceeds performance expectations on a consistent a essential areas of responsibility. In addition, makes an exdepartment, and University objectives	
4- Exceeding Expectations Always achieves performance expectations and frequently high level of quality in all areas of responsibility.	y exceeds them. Demonstrates performance of a very
3- Meeting Expectations Consistently fulfills performance expectations and periodic significant areas of responsibility.	cally may exceed them. Work is of high quality in all
2- Below Expectations Frequently fails to meet expectations and improvement is not	eeded in these areas.
1- Fails to Meet Expectations Consistently fails to meet expectations and improvement is	needed in most aspects of position.
COMMENTS:	
Employee Signature	 Date
Rater/ Supervisor Signature	Date
Dean 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.