



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Annual Performance Rating Form

Evaluation Period (month/year): ____/____ to ____/____

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 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

☐ **4- Exceeding Expectations**

Always achieves performance expectations and *frequently* exceeds them. Demonstrates performance of a **very** high level of quality in all areas of responsibility.

☐ **3- Meeting Expectations**

Consistently fulfills performance expectations and *periodically may* exceed them. Work is of high quality in all significant areas of responsibility.

☐ **2- Below Expectations**

Frequently fails to meet expectations and improvement is needed 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

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.