Annual Performance Rating Form
Officers and Exempt Professional Staff

Please note: This rating form is subject to disclosure, upon proper request, under the Colorado Open Records Act.

Evaluation Period (month/year): _____ to ______

Employee Name: __________________________________________
Employee ID: ____________________________________________
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 this position.

Completed by: ____________________________________________ Date: ______________

Signature of person rated: ________________________________ Date: ______________

The 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.