



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Attachment A

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 their current rank or position has been rated as:

- 5- Outstanding**
- 4- Exceeding Expectations**
- 3- Meeting Expectations**
- 2- Below Expectations**
- 1- Fails to Meet Expectations**

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.