

**FLORIDA ATLANTIC UNIVERSITY
AMP PERFORMANCE APPRAISAL COVER SHEET**

EMPLOYEE NAME:

ID NUMBER:

CLASS TITLE:

DEPARTMENT:

DATE OF APPRAISAL:

DEFINITIONS OF PERFORMANCE RATINGS

<p>Outstanding Performance that is characterized by exceptional accomplishments throughout the rating period and/or performance that is considerably and consistently at a significantly higher level than the established standards.</p>	<p>Exceeds Performance that, for the majority of the rating period, is of a level higher than the established standards of the position.</p>	<p>Achieves Performance that successfully accomplishes the established standards of the position.</p>	<p>Needs Improvement Performance that needs improvement in some aspects of the established standards of the position.</p>	<p>Below* Performance that is substandard or incompetent throughout the majority of the rating period and that fails to meet established standards of the position.</p>
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**Please indicate the
OVERALL PERFORMANCE RATING**

Outstanding **Exceeds** **Achieves** **Needs Improvement** **Below**

*If rating is Below Standards or Needs Improvement, call Employee Relations, Department of Human Resources, 7-2554, before completing performance appraisal process.

SUPERVISOR SIGNATURE

ID

DATE

EMPLOYEE SIGNATURE

ID

DATE

*Signature does not indicate agreement, but only signifies that your supervisor has discussed the appraisal with you and provided you with a copy of the completed appraisal form.

PLEASE ATTACH THIS FORM TO THE COMPLETED NARRATIVE APPRAISAL.

RETURN THE COMPLETED EVALUATION TO HUMAN RESOURCES, ADMINISTRATION BLDG. RM 102.

Original: Human Resources

Copies: Department and Employee

Rev 02/07