FORM CD-516 LF (6-93)				U.S. DEPARTMENT O	F COMMERCE NE										
	CLASSIFI	CATI	ON AN	D	☐ I/A:										
PERFO	RMANCE M.		_	MR# IP#											
Performance Plan	Performance App	raisal	Performan	ce Recognition •	Progress Review	• Positio	n Description								
Employee's Name:	John Smith			Social Security No.: 123-45-678											
Position Title: Int	ternational Trade Sp	ecialist													
Pay Plan, Series, 0	Grade/Step: Gs 11	40 12/0	 5												
	ITA			4. Office of XX											
_	Assistant Secretary	y for XX		5.											
3.	DAS for X			_											
Rating Period: October 1, 1999 thru September 30, 2000															
Covered By: Senior Executive Service Performance Management and Recognition System															
abla	General Workford	e		Other											
	I	PART A	- POSITI	ON DESCRIPTI	ON										
POSITION CERTIFICATION - I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.															
SUPERVISOR'S SIGNATURE		DA	TE	SECOND LEVEL SUPER	DATE										
James K. Jones				Mary Roberts-Lee	e										
CLASSIFICATION	OFFICIAL TITLE:														
CERTIFICATION	PP:	SERIES:		FUNC:	GRADE:	I/A: Y	YES NO								
I certify that this position not published standard						published by	y the OPM or, if								
NAME AND TITLE OF CLASSI	FIER			SIGNATURE	DATE										
	PART	B - PEF	RFORMAN	NCE PLAN											
This plan is an accu	rate statement of t	he work t	that will be	the basis of the	employee's perfor	mance app	oraisal.								
NAME AND TITLE OF FIRST L	LINE SUPERVISOR/RATING		SIGNATURE DATE												
James K. Jones, Off	ice of XX														
APPROVAL - I agree	with the certification	of the pos	ition descript	tion and approve the	performance plan.										
NAME AND TITLE OF APPRO	VING OFFICIAL OR SES API	POINTING AL	JTHORITY	SIGNATURE	DATE										
Mary Roberts-Lee, D	AS for XX														
EMPLOYEE ACKNO ges discussion of the po does not necessarily sig	WLEDGEMENT - My position description and	•		SIGNATURE	DATE										
PRIVACY ACT STA	TEMENT - Disclosu	re of you	r social sec	curity number on th	nis form is voluntar	y. The nu	mber is linked								

PRIVACY ACT STATEMENT - Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

MASTER RECORD/INDIVIDUAL POSITION DATA

				IVIA	SIEF	1 NE		עחי	IINL	אוע <u>.</u>	טעו	A	L P	US	1110	ט או	A 1 <i>F</i>	١					
	DATA																						
1. FUNCT	TON (1)	2. DEPT CD/AGCY-BUR-CD (4)			R-CD (4)	3. SON (4)			4. MR NO. (6)				5. GRADE (2)			6. IP NO (8)							
A	CD/I/R																						
B. MA	STER R	ECORD	s																				
1. PAY PLAN (2) 2. OCC SER (4) 3. OCC FUNC CD (2) 4. OFF TLE-PF/CD/SF 5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF) PFIX TITLE CD SFIX SFIX																							
							P	FIX	ITLE	D S	FIX												
6. HQ/FL	6. HQ/FLD CD (1) 7. SUPV CD (1) 8. CLASS ST										` '												
1=HQ 1-SUPV GSSG 5=MGT CSI 2=FLD 3=MGR GSSG 6=LDR LGEG					DR LGEG		/ STD N=NC (=N/A Y=IN				O ITERDIS			MO DAY			YE	AR					
11. EAR	4=SUPV CSRA 8=ALL OTF										ABOL (6) 14. D			DT	DT INACT/REACT			15.AGCY. USI					
			A=ACTI	CTIVE ACTIVE			МО	MO DAY YEA			(6 _{I)} //	(6)MO DAY		YEAR			·	,					
(4)	TERDIS.SERIES (40) 4)			Ī	(4)				I	(4)		I	(4)	Ī	(4)	ı	(4		İ	(4)			
17. INTE (6)	RDIS-PF/	CD/SF (5 (6)) (32 W/ 	PF OR (6)		V/ PF A (6) _	NDS I	6F) (6)		Ī	(6)		ı	(6)	ı	_ (6)	ı	I (6)	Ī	(6)		
				• • •		,		, , ,			,			,									
C. IND	IVIDUA	L POSI	TION																				
1. FLSA	(1) EMPT	PAY TB	L (6)	2. FIN D		PROC I		3.		SCHE CH A	D (1)		TED	4.	POS. SE	NS. (1) V RISK	_	=ADP	4A.	DRU	GTS (1)	
	NEXEMP			3=SI	-278 -450	N=N			B=S	CH B CH C	В	BUT N			2=NC	NCRIT/S N-ADP		-ADF					
6. WK T	TLE CD	7. WK	TITLE		.00					3=0					3=CR	CRIT/SENS SPECIAL SENS 5. COMP LVL (4					4)		
(4)													5=MOD RISK 6=HIGH RISK										
8. ORG.	STR. CD	(18)								9). VA	C. RI	EV. C	D (1))								
(1st)	(2nd)	(3rd)	(4t	h) (5th)	(6th)	(7	7th)	(8th	1)	C		SN AC			=LOWER			D=DIFFERENT TITLE AND/OR SERIES				
10. TARGET					UTY S	A=NO CHANGE				IGE				E=NEW POS									
GRA		REQ (2		JDUTY		2) CIT		٠,	(3)	CI	_	M		DAY			BLAN	IK=N/A	MC			YEA	
(2))). (1) NK= N/A						(4)							1=PA A=LE	0				R	
	DE BASIS II REV WHEN	. ,	4=SUI	P/PROGR	АМ	7=EQI	JIP DI	EV		. DT F (℃)(ရ)			YEAR		20. NTE MO	. DATE DAY		EAR	21. PO:	S ST '=PEI		(1)	
	JIDE IMPACT OI	F PERSON	5=RG	EG											IVIO		Ι΄		1	I=OT	HER		
22. MAII	NT. REV./		ACT. CD	. (2) (1			VITY	AND 2	ND D	IGIT=	RESU	JLTS	S))	-				-	-				
		T Y IT (COUNT NTENANCE		RDS	1 = N	ULTS NO ACTIC MINOR PI					TLE CH				POSN DOV		Ē						
		ER ACTIVIT				NEW PD F					SN UP				THER	•							
23 DAT	E EMP AS	GN (6)	24. DA	TE ARC	1 (6)	25 IN	ACT	/ACT	26	DAT	F IN	ACT/	RΕΛΩ	^т	27 10	CTG	28.		20	۸GE	NCV II	ISE	
MO	DAY	YEAR	MO	DAY	YEAR	(1) A	IACT/ACT A=ACTIVE =INACTIVE		(6)MO		E INACT/R		-	YEAR				INTASGN SER (4)		29. AGENCY USE (8)			
					0710 01)			<u> </u>						Ì	5EN (4)					
30.PERS	ONNEL N	IANAGEI	VIENI SI	PECIALI	ST'S SIC	iNAIU	KE			31.	DATE												
32. REM	ARKS																						