

☐ NEW☐ I/A: _____

MR#: _____

IP#: _____

**CLASSIFICATION AND
PERFORMANCE MANAGEMENT RECORD****• Performance Plan • Performance Appraisal • Performance Recognition • Progress Review • Position Description**

Employee's Name: _____ Social Security No.: _____

Position Title: _____

Pay Plan, Series, Grade/Step: _____

Organization: 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Rating Period: _____

Covered By: ☐ Senior Executive Service ☐ Other _____☐ General Workforce _____**PART A—POSITION DESCRIPTION**

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

DATE

SECOND LEVEL SUPERVISOR

DATE

**CLASSIFICATION
CERTIFICATION**

OFFICIAL TITLE:

PP:

SERIES:

FUNC:

GRADE:

I/A: ☐ YES ☐ NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER

SIGNATURE

DATE

PART B—PERFORMANCE PLAN**This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.**

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL

SIGNATURE

DATE

APPROVAL—I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY

SIGNATURE

DATE

EMPLOYEE ACKNOWLEDGEMENT—My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.

SIGNATURE

DATE

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

A. KEY DATA

1. FUNCTION (1) A/C/D/I/R		2. DEPT. CD/AGCY-BUR CD (4)		3. SON (4)		4. MR NO (6)		5. GRADE (2)		6. IP NO (8)	
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B. MASTER RECORD

1. PAY PLAN (2)		2. OCC SER (4)		3. OCC FUNC CD (2)		4. OFF TLE-PF/CD/SF (6) PFI X TITLE CD SFI X		5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)			
6. HQ/FLD CD (1) 1=HQ 2=FLD		7. SUPV CD (1) 1=SUPV SGEG 2=SUPV GSSG 3=MGR SGEG 4=SUPV CSRA		5=MGT CSRA 6=LDR LGEG 8=ALL OTHERS		8. CLASS STD CD (1) X=NEW STD BLANK=N/A		9. INTERDIS CD (1) N=NO Y=INTERDIS		10. DATE CLASS (6) MO DAY YEAR	
11. EARLY RET CD (1) 1=PRIMARY 2=SECONDARY		3=FOREIGN SVC BLANK=N/A		12. INACT/ACT (1) A=ACTIVE I=INACTIVE		13. DT ABOL (6) MO DAY YEAR		14. DT INACT/REACT (6) MO DAY YEAR		15. AGCY USE (10)	
16. INTERDIS SERIES (40) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)											
17. INTERDIS-PF/CD/SF (50) (32 W/ PF OR SF) (26 W/ PF AND SF) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)											

C. INDIVIDUAL POSITION

1. FLSA (1) E=EXEMPT N=NONEXEMPT		PAY TBL (6)		2. FIN DS (1) 0=NONE 3=SF-278 4=SF-450		PROC INTG (1) Y=YES N=NO		3. POS SCHED (1) A=SCH A B=SCH B C=SCH C		0=EXCEPTED BUT NOT A,B,C		4. POS SENS (2) 1=LOW RISK 2=NONCRIT/SENS 3=CRIT/SENS 4=SPECIAL SENS 5=MOD RISK 6=HIGH RISK		C=ADP N=NON-ADP		4A. DRUG TS (1)							
6. WK TITLE CD (4)		7. WK TITLE (38)										5. COMP LVL (4)											
8. ORG STR CD (18) (1st) (2nd) (3rd) (4th) (5th) (6th) (7th) (8th)								9. VAC REV CD (1) 0=POSN ACTION NO VACANCY A=NO CHANGE								B=LOWER GRADE C=HIGHER GRADE				D=DIFFERENT TITLE AND/OR SERIES E=NEW POSN/NEW FTE			
10. TARGET GRADE (2)		11. LANG REQ (2)		12. PROJ DUTY IND (1) BLANK=N/A Y=YES		13. DUTY STATION (9) ST (2) CITY (4) CNTY (3)		14. BUS CD (4)		15. DT LST AUDIT (6) MO DAY YEAR		16. PAS IND/LEO (1) BLANK=N/A 1=PAS A=LEO		17. DATE-EST (6) MO DAY YEAR									
18. GRADE BASIS IND (1) 1=REV WHEN VACANT 2=IMPACT OF PERSON 3=SUP/GSSG						4=SUP/PROGRAM 5=RGE 6=POLICY ANAL GEG		7=EQUIP DEV GUIDE		19. DT REQUEST RECD (6) MO DAY YEAR		20. NTE DATE (6) MO DAY YEAR		21. POS ST BUD (1) Y=PERM N=OTHER									
22. MAINT REV/CLASS ACT CD (2) (1ST DIGIT=ACTIVITY AND 2ND DIGIT=RESULTS)																							
ACTIVITY 1=AUDIT (COUNTED TOWARDS MAINTENANCE REVIEW) 2=OTHER ACTIVITY						RESULTS 1=NO ACTION REQUIRED 2=MINOR PD CHANGE 3=NEW PD REQUIRED 4=TITLE CHANGE 5=SERIES CHANGE 6=POSN UPGRADE 7=POSN DOWNGRADE 8=NEW POSN 9=OTHER																	
23. DATE EMP ASGN (6) MO DAY YEAR			24. DATE ABOL (6) MO DAY YEAR			25. INACT/ACT (1) A=ACTIVE I=INACTIVE		26. DATE INACT/REACT (6) MO DAY YEAR			27. ACCTG STAT (4)		28. INTASGN SER (4)		29. AGENCY USE (8)								
30. PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE												31. DATE											
32. REMARKS																							