



PERIOD COVERED	SERVICE/LOCATION
<input type="text"/>	<input type="text"/>

NAME	LAST 4 DIGITS OF SSN	PAY TABLE/TIER
<input type="text"/>	<input type="text"/>	<input type="text"/>

ANNUAL PAY	MAXIMUM TARGET PERFORMANCE PAY	% OF ANNUAL PAY
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERFORMANCE GOAL(S) / OBJECTIVE(S)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

The performance pay goal(s) and objective(s) listed above have been communicated and discussed with the employee as of the date signed below

SUPERVISORY OFFICIAL (Print name below)	SIGNATURE	DATE COMMUNICATED
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE (Print name below)	SIGNATURE	DATE COMMUNICATED
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERFORMANCE PAY DECISION

RECOMMENDED PERFORMANCE PAY	<input type="text"/>	% OF ANNUAL PAY	<input type="text"/>
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DESCRIBE THE DEGREE TO WHICH GOALS AND OBJECTIVES WERE MET

RECOMMENDING OFFICIAL (Print name and title)	SIGNATURE	DATE SIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPROVED AMOUNT (if different than recommended amount)

APPROVING OFFICIAL (Print name and title)	SIGNATURE	DATE SIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE (Print name)	SIGNATURE	DATE SIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>