

SECTION 1 - EMPLOYEE IDENTIFICATION

Evaluation Period Ending _____
(mo.day/yr.)

Employee's Name _____ Item Number _____

Title and Grade _____

Agency _____ Facility/Division _____

SECTION 2 - PERFORMANCE PROGRAM (Attach additional sheets if necessary.)

A. TASKS/OBJECTIVES: List the major tasks, assignments, activities, and results to be achieved during the evaluation period.

B. PERFORMANCE STANDARDS: List observable criteria for determining if objectives/tasks are fully met/performed. Criteria should be quantitative wherever possible.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

SECTION 3 - CERTIFICATION

We have met to discuss the objectives, tasks, assignments and activities indicated above. This performance program is the basis upon which job performance will be appraised and rated on the annual rating date. The employee has had an opportunity to submit proposed tasks and standards for consideration in the performance program.

Supervisor _____
(Signature) (DATE)

Employee _____
(Signature) (DATE)

I have attached written comments concerning the performance program. (Optional on the part of the employee)

SECTION 4 - SIX-MONTH RECERTIFICATION

We met within one month before or after the mid-point of the rating period to discuss the employee's performance, and to reaffirm or revise the program. (If revised, revisions are attached.) If a rating were assigned today based upon service to date, I would propose that it be _____ (Supervisor fills in one of the five rating categories.) This is not a rating; therefore, it is not appealable.

Supervisor _____
(Signature) (DATE)

Employee _____
(Signature) (DATE)

SECTION 1 - SUMMARY OF PERFORMANCE

Describe the employee's performance in accomplishing tasks or achieving objectives specified in the Individual Performance Program. Explain how the employee's performance has exceeded or not met the performance standards. Be as specific and quantitative as possible.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

(Attach additional sheets if necessary)

SECTION 2 - RECOMMENDED TRAINING, DEVELOPMENT, AND PERFORMANCE IMPROVEMENT ACTIVITIES

SECTION 3 - PERFORMANCE RATING (Check One.)

OUTSTANDING

HIGHLY EFFECTIVE

EFFECTIVE

NEEDS IMPROVEMENT

UNSATISFACTORY

Supervisor _____ Signature _____ Date _____
(PRINT OR TYPE)

Reviewer _____ Signature _____ Date _____
(PRINT OR TYPE)

(Optional unless rating is "Outstanding" or "Unsatisfactory" or otherwise specifically required by the agency.)

SECTION 4 - CERTIFICATION

I met with my supervisor on _____ to discuss my job performance. I have had an opportunity to read this appraisal and discuss it with my supervisor. My signature does not necessarily signify agreement.

Employee _____
(Signature) (DATE)

I have attached written comments concerning the performance appraisal. (Optional on the part of the employee.)

NOTE: If the rating is Unsatisfactory and you wish to appeal, you have 15 calendar days from receipt of the rating to submit an appeal. Contact your Personnel Office for specific procedures.