

Section 1 – Employee Identification

| | | | |
|-------------------|-------|--------------------------|-------|
| Employee Name | _____ | Evaluation Period Ending | _____ |
| Title and Grade | _____ | Item Number | _____ |
| Agency | _____ | Soc. Sec. Number | _____ |
| Facility/Division | _____ | | |

Section 2 – Performance Program (Attach additional sheets if necessary)

A. Tasks/Objectives: List the major tasks, assignments, activities, & results to be achieved during the evaluation period.

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

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 evaluation 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 5 rating categories.) This is not a rating; therefore, it is not appealable.

Supervisor Signature _____ Date _____

Reviewer 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 not met the performance standards. Be as specific and quantitative as possible.

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

(add additional sheets if necessary)

Section 2 Recommended Training, Development, & Performance Improvement Activities

Section 3 – Performance Rating (check one)

Outstanding Highly Effective Effective Needs Improvement Unsatisfactory

Supervisor _____ Signature _____ Date _____

Reviewer _____ Signature _____ Date _____

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