

**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. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 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**

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**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.**