UNITED STATES DEPARTMENT OF AGRICULTURE

PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL WORKSHEET

(Instructions on reverse)

1. Name (Last, First, M.I.) Position Title	Pay Plan, Series, Grade	Agency/Division	**APPRAISAL PERIOD** From	To

2. PERFORMANCE ELEMENT

No. ☐ (Describe below the duty or responsibility for which the employee is accountable and responsible. Indicate if the element is critical or noncritical.)

☐ CRITICAL ☐ NONCRITICAL

3. STANDARD (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, or timeliness, where applicable.)

4. ELEMENT RATING (At the end of the rating period, compare the employee's performance with standard and assign an element rating. For instructions about documentation, see reverse.)

☐ EXCEEDS ☐ FULLY SUCCESSFUL ☐ DOES NOT MEET

ACCOMPLISHMENTS

5. CERTIFICATION OF DEVELOPMENT AND RECEIPT OF PLAN

Signatures certify discussion with the employee and receipt of plan which reflects current position description.

Employee's Signature	Date
Supervisor's Signature	Date
Reviewer's Signature	Date

6. PROGRESS REVIEWS (at least one must be completed)

Employee's Initials and Date				Supervisor's Initials and Date					

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Clear Form