

United States Department of Agriculture Performance Appraisal

1 Social Security No.	2 Position Number	3 Pay Plan	4 Occup. Series
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5 Name (Last, First, Middle Initial)		6 Grade/Step or Pay Level	7 Appraisal Period From _____ To _____	
8 Official Position Title		9 Organization Structure Code		
10 Duty Station	11 Funding Unit	12 Agency Use	13 NFC Use	

Instructions

Blocks 1 through 10, completed by NFC, should be reviewed and, if necessary, corrected.

Block 11. Enter funding unit number.

Block 14. Enter brief description of performance elements.

Block 15A. Check performance elements identified as critical.

Blocks 15B, 15C, 15D. Rate actual performance by entering 2 for critical elements and 1 for non-critical elements in appropriate column.

Blocks 15E, 15F, 15G. Enter total of each column.
Block 15H. Enter total from 15E, 15F, and 15G.
Block 16A. Check off the correct summary rating described in decisions table (16B).
Blocks 17 through 22. Self-explanatory.

14 Performance Elements	15A Critical Element	15B Exceeds Fully Successful	15C Meets Fully Successful	15D Does Not Meet Fully Successful
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

<p>16B <u>Decision Table (check off Summary Rating in block 16A)</u></p> <p>Rating of Outstanding if 15E equals 15H. Rating of Unacceptable if any critical element is rated in 15D. Rating of Superior if no element is rated in 15D; 15F is greater than zero; and 15E is greater than 15F. Rating of Marginal if 15G is greater than 15E, and no critical element is rated in 15D. Rating of Fully Successful if none of the above apply.</p>	15E Exceeds	15F Meets	15G Does Not Meet
	15H Enter total 15E + 15F + 15G = 15H		15H
<u>16A Summary Rating (See Decision Table in 16B)</u>			

17 Employee - <u>Standards of Conduct and Ethical Responsibilities</u> (Check off appropriate boxes) a I have a copy of the Governmentwide standards of ethical conduct and any USDA and agency supplemental regulations governing conduct. [] YES [] NO b I attended the required annual ethics training. [] YES [] NO	<input type="checkbox"/> Outstanding <input type="checkbox"/> Superior <input type="checkbox"/> Fully Successful <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable
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18 Employee's signature	Date	If employee did not sign, state reason.
(Instructions for resolutions of disputes are on the reverse of employee copy.)		

19 Supervisor's Signature	Date	20 Reviewer's Signature	Date
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21 Approving Official's or Funding Unit Manager's Signature (optional)	Date
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GRIEVANCE PROCEDURES

Performance Management Recognition System (PMRS) Employees.

Follow the agency grievance procedures.

Non-PMRS Employees.

Follow either the agency grievance procedures or negotiated grievance procedures, but not both.

Contact your servicing Personnel Office for specific instructions or applicable procedures for resolving performance appraisal disagreements.