

NATIONAL INSTITUTES OF HEALTH
Optional
Performance Plan for Employees Appointed Under Title 42
(Required for IC Directors)

Employee's Name

Position Title

Series

Organization

Appraisal Period (From/To)

Number of Critical Elements

Plan Establishment Signatures

Rater's Signature

Date

Employee's Signature *(Acknowledges that copy of the plan was received)*

Date

Progress Review *(Indicates that review took place)*

Rater's Signature

Date

Employee's Signature *(Acknowledges that review took place. Does not imply agreement.)*

Date

Final Rating *(check one)***Acceptable***(rated Acceptable all critical elements)***Unacceptable***(rated Unacceptable on one or more critical elements)***Final Rating Signatures**

Rater's Signature

Date

Employee's Signature *(Acknowledges that copy of the rating was received. Does not imply agreement.)*

Date

Page _____

**National Institutes of Health
Optional
Performance Plan for IC Directors Employed Under Title 42
(Required for IC Directors)**

Employee's Name

Element # _____ —Description

Element Rating

Acceptable

Unacceptable

Element Standards

Comments *(Rater and/or employee comments on progress review and/or rating are optional)*

Element # _____ —Description

Element Rating

Acceptable

Unacceptable

Element Standards

Comments *(Rating and/or employee comments on progress review and/or rating are optional)*