

# CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD

I/A:

MR#:

IP#:

• Performance Plan • Performance Appraisal • Performance Recognition • Progress Review • Position Description

Employee's Name:

Social Security No.:

Position Title:

Pay Plan, Series, Grade/Step:

Organization:	1.	4.
	2.	5.
	3.	6.

Rating Period:

Covered by

Senior Executive Service

Demonstration Project

General Workforce

Other:

## PART A - POSITION DESCRIPTION

POSITION CERTIFICATION - I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purpose relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR'S SIGNATURE

DATE

SECOND LEVEL SUPERVISOR

DATE

CLASSIFICATION  
CERTIFICATION

OFFICIAL TITLE:

PP:

SERIES:

FUNC:

GRADE:

IA:

YES

NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER

SIGNATURE

DATE

## PART B --- PERFORMANCE PLAN

**This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.**

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL

SIGNATURE

DATE

APPROVAL - I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING  
AUTHORITY

SIGNATURE

DATE

EMPLOYEE ACKNOWLEDGMENT -- My signature  
acknowledges discussion of the position description and  
receipt of the plan, and does not necessarily signify agreement.

SIGNATURE

DATE

PRIVACY ACT STATEMENT - Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

**SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2002**

Name	Date	Sheet No. _____ of _____
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Item 1. Performance Element and Object *(Identify as Critical or Non-critical, and if it is being tracked at the Department level.)*

Critical                  Non-critical                  Management-by-Objectives (MBO)

Element: I. Leadership (Critical)

Objective: Provide leadership and direction in carrying out programs and in resolving conflicts and issues.

Weighting Factor *(Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.)*

Item 2. Major Activities *(Identify activities or results that need to be accomplished in support of the performance element.)*

Item 3. Criteria for Evaluation *(Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.)*

**Optional Initial Block**

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding    4-Commendable    3-Fully Successful    2-Marginal/Minimally Satisfactory (SES)    1-Unacceptable/Unsatisfactory (SES)    Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature

Date

**SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2002**

Name	Date	Sheet No. _____ of _____
------	------	--------------------------

Item 1. Performance Element and Object (*Identify as Critical or Non-critical, and if it is being tracked at the Department level.*)

Critical                  Non-critical                  Management-by-Objectives (MBO)

Element:    II. Management (Critical)

Objective:    Promote effective management and administration of programs.

Weighting Factor (*Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.*)

Item 2. Major Activities (*Identify activities or results that need to be accomplished in support of the performance element.*)

Item 3. Criteria for Evaluation (*Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.*)

Optional Initial Block

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding    4-Commendable    3-Fully Successful    2-Marginal/Minimally Satisfactory (SES)    1-Unacceptable/Unsatisfactory (SES)    Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature

Date

**SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2002**

Name	Date	Sheet No. _____ of _____
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Item 1. Performance Element and Object (*Identify as Critical or Non-critical, and if it is being tracked at the Department level.*)

Critical                  Non-critical                  Management-by-Objectives (MBO)

Element:     III. Managing Diversity & EEO

Objective: Develop and implement your organization's Diversity and EEO plans consistent with NOAA Diversity and EEO Plans. Promote activity with Minority Serving Institutions.

Weighting Factor (*Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.*)

Item 2. Major Activities (*Identify activities or results that need to be accomplished in support of the performance element.*)

Item 3. Criteria for Evaluation (*Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.*)

Optional Initial Block

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding    4-Commendable    3-Fully Successful    2-Marginal/Minimally Satisfactory (SES)    1-Unacceptable/Unsatisfactory (SES)    Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature	Date
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**SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2002**

Name	Date	Sheet No. _____ of _____
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Item 1. Performance Element and Object (*Identify as Critical or Non-critical, and if it is being tracked at the Department level.*)

Critical                  Non-critical                  Management-by-Objectives (MBO)

Element:      IV. Strategic Plan Support

Objective:      Accomplish activities and tasks related to the elements of the NOAA Strategic Plan; support overall goals of the Plan.

Weighting Factor (*Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.*)

Item 2. Major Activities (*Identify activities or results that need to be accomplished in support of the performance element.*)

Item 3. Criteria for Evaluation (*Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.*)

Optional Initial Block

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding    4-Commendable    3-Fully Successful    2-Marginal/Minimally Satisfactory (SES)    1-Unacceptable/Unsatisfactory (SES)    Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature

Date

SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2001

Name	Date	Sheet No. _____ of _____
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Item 1. Performance Element and Object (*Identify as Critical or Non-critical, and if it is being tracked at the Department level.*)

Critical      Non-critical      Management-by-Objectives (MBO)

Element:    V. Professional Development (Non-critical)

Objective:   Pursue opportunities for personal and profession development.

Weighting Factor (*Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.*)

Item 2. Major Activities (*Identify activities or results that need to be accomplished in support of the performance element.*)

Item 3. Criteria for Evaluation (*Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.*)

Optional Initial Block

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding    4-Commendable    3-Fully Successful    2-Marginal/Minimally Satisfactory (SES)    1-Unacceptable/Unsatisfactory (SES)    Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature

Date

**SECTION I - PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD FY-2002**

Name	Date	Sheet No. _____ of _____
------	------	--------------------------

Item 1. Performance Element and Object (*Identify as Critical or Non-critical, and if it is being tracked at the Department level.*)

Critical                  Non-critical                  Management-by-Objectives (MBO)

Element:      VI. Open (Non-critical)

Objective:      Accomplish high-priority individual tasks or special projects of particular note or involving significant personal time or effort on the part of the individual.

Weighting Factor (*Weights reflect the amount of time devoted to accomplishing the element and/or its importance. Weight for performance plans must total 100. Enter weight for this element in the adjacent block.*)

Item 2. Major Activities (*Identify activities or results that need to be accomplished in support of the performance element.*)

Item 3. Criteria for Evaluation (*Use the generic performance standards printed in Appendix A. Supplemental performance standards may also be specified below.*)

Optional Initial Block

Employee	Date	Supervisor	Date
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Item 4. Progress Reviews (*Indicate progress toward accomplishing this element, the need for any adjustments to the plan, or areas where performance needs to be improved.*)

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

Item 5. Element Rating and Justification (*Support rating in space below.*)

5-Outstanding   4-Commendable   3-Fully Successful   2-Marginal/Minimally Satisfactory (SES)   1-Unacceptable/Unsatisfactory (SES)   Enter Rating 1-5 in adjacent block

Item 5.a. Approving Official/Appointing Authority Comments and Signature (*Required only if approving official appointing authority changes rating official's element rating in Item 5.*)

Approving Official/Appointing Authority Signature	Date
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**SECTION II -- PERFORMANCE SUMMARY AND RATING FY-2002**

Name

**ITEM 1. INSTRUCTIONS:**

1. List each element in the performance plan; indicate whether it is critical/non-critical and what weight has been assigned to it.
2. Assign a rating level for each element: (5) Outstanding (4) Commendable (3) Fully Successful (2) Marginal/Minimally Satisfactory (SES) (1) Unacceptable/Unsatisfactory (SES)
3. Score each element by multiplying the weight by the rating level.
4. After each element has been scored, compute total score by summing all individual scores. Total score can range from 100 to 500.

Performance Element	Critical or Non-critical ( C or NC )	MBO	Individual Weights (Sum must total 100)	Element Rating (1-5)	Score

**TOTAL SCORE:**

**For SES turn to reverse side and continue with Item 3.**

**ITEM 3. SES EMPLOYEES ONLY:**

Name

Title

1. Rating Official Recommendation(s). Check appropriate block(s).

Outstanding  
(460 - 500)Commendable  
(380 - 459)Fully Successful  
(290-379)Marginal  
(200-289)Unacceptable  
(100-199)

Rating Official's Signature

Title

Date

Employee's Signature (*indicates appraisal meeting held*)

Date

2. Optional Higher Level Review (*at employee's request*)  
Comments:

Recommendation on initial rating:

Higher Level Reviewer Signature

Title

Date

3. PRB Review

PRB concurs with initial rating

YES

NO (Explain Below)

PRB Chairperson and/or Co-Chairperson's Signature

Date

4. Appointing Authority

Agree

Disagree with PRB recommendations. If disagree, explain.

**Final Rating of Senior Executive:**

Outstanding

Commendable

Fully Successful

Marginal

Unacceptable

Appointing Authority's Signature

Date

# FINAL PERFORMANCE RATING USING INTERIM RATING(S) FY-2002

Name: \_\_\_\_\_

**INSTRUCTIONS:** This form must be used to assign final summary ratings when interim ratings must be considered in determining the final rating. The form will serve as the certification of the final rating. It must be signed by the rating and approving officials of record and attached to the original CD-516 forms that were completed by the rating and approving officials of record and those completed by interim rating and approving officials. Forward all original forms to the servicing personnel office. A copy must be given to the employee.

A. In the space provided below, compute the final summary rating using the appropriate formula. Use block (1) when computing one interim rating and block (2) when computing two interim ratings. Round off final summary rating to nearest whole number.

**NOTE:** If the position of record rating contains a non-critical element(s) please refer to Section 6.03a4 of Appendix A or Section 6.03a7 of Appendix C of DAO 202-430.

<p>(1)</p> <p>a. Enter interim rating total score and multiply by 1: _____ x 1 = _____</p> <p>b. Enter position of record rating total score and multiply by 2: _____ x 2 = _____</p> <p>c. Add the results of a and b: <b>TOTAL</b> = _____</p> <p>d. Divide total score in c by 3 to reach final summary rating: _____ ÷ 3 = _____</p>	<p>(2)</p> <p>a. Enter interim rating total score and multiply by 1: _____ x 1 = _____</p> <p>b. Enter interim rating total score and multiply by 1: _____ x 1 = _____</p> <p>c. Enter position of record rating total score and multiply by 2: _____ x 2 = _____</p> <p>d. Add the results of a, b, and c: <b>TOTAL</b> = _____</p> <p>e. Divide total score in d by 4 to reach final summary rating: _____ ÷ 4 = _____</p>
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**B. FINAL SUMMARY RATING** (*Check appropriate rating based on either 1d. or 2e. above*)

Outstanding (460 - 500)	Commendable (380 - 459)	Fully Successful (290-379)
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Marginal/Minimally Satisfactory (SES) - must be assigned if employee is given a marginal rating on one or more critical element(s). (200-289)

Unacceptable/Unsatisfactory (SES) - must be assigned if employee is given an unsatisfactory rating on one or more critical element(s). (100-199)

**C. SIGNATURES**

Rating Official ( <i>Immediate Supervisor</i> )	Date
Approving Official	Date
Employee ( <i>Signature indicates appraisal meeting held</i> )	Date

EMPLOYEE COMMENTS ATTACHED YES