

Circle or underline the applicable critical result letter(s).

**QUALITY**

**Apply to Critical Result(s):**

<b>Knowledge of Field or Profession:</b> Maintains and demonstrates technical competence and/or expertise in areas of assigned responsibility.	All A B C D E
<b>Accuracy and Thoroughness of Work:</b> Plans, organizes, and executes work logically. Anticipates and analyzes problems clearly and determines appropriate solutions. Work is correct and complete.	All A B C D E
<b>Soundness of Judgment and Decisions:</b> Assesses tasks objectively and researches and documents assignments carefully. Weighs alternative courses of action, considering long and short term implications. Makes and executes timely decisions.	All A B C D E
<b>Effectiveness of Written Documents:</b> Written work is clear, relevant, concise, well organized, grammatically correct, and appropriate to audience.	All A B C D E
<b>Effectiveness of Communications:</b> Presentation meets objectives, is persuasive, tactful, and appropriate to audience. Demonstrates attention, courtesy, and respect for other points of view.	All A B C D E
<b>Timeliness of Meeting Deadlines:</b> Completes work in accordance with established deadlines.	All A B C D E
<b>Effectiveness of Supervision:</b> Directs and coordinates activities of unit, assuring deadlines are met. Coaches, counsels, develops, and utilizes staff effectively, demonstrating a commitment to the work force.	All A B C D E
<b>Other (specify):</b>	

**TEAMWORK**

**Apply to Critical Result(s):**

<b>Participation:</b> Willingly participates in group activities, performing in a thorough and complete fashion. Communicates regularly with team members. Seeks team consensus.	All A B C D E
<b>Team Leadership:</b> Provides encouragement, guidance, and direction to team members as needed. Adjusts style to fit situation.	All A B C D E
<b>Cooperation:</b> Supports team initiatives. Demonstrates respect for team members, accepts the views of others, and actively supports team decisions.	All A B C D E
<b>Other (specify):</b>	All A B C D E

**CUSTOMER SERVICE**

**Apply Critical Result(s):**

<b>Quality of Service:</b> Delivers high quality products and service to both external and internal customers. Initiates and responds to suggestion for improving service.	All A B C D E
<b>Timeliness of Service:</b> Delivers quality products and service, in accordance with time schedules agreed upon with customer.	All A B C D E
<b>Courtesy:</b> Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.	All A B C D E
<b>Other (specify):</b>	All A B C D E

<b>PART II. PROGRESS REVIEWS:</b> <i>Date of review and initials of employee and Rating Official(R.O.) <u>must</u> also be provided for each review. A summary of comments is optional unless results are not being achieved.</i>	<b>Date:</b> <b>Emp. Initials:</b> <b>R.O. Initials:</b>
	<b>Date:</b> <b>Emp. Initials:</b> <b>R.O. Initials:</b>

<b>PART III. SUMMARY RATING:</b> (Enter: <i>Achieved or Not Achieved</i> on this line) <b>RESULTS</b> <i>Space is provided to summarize the basis for rating given. A Results Not Achieved rating requires explanation; if more space is needed, provide additional comments as an attachment.</i>
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<b>PART IV. CERTIFICATION:</b> <i>(Employee's signature certifies review and discussion with the Rating Official. It does not necessarily mean that the employee concurs with the information on this form.)</i>	
Performance Plan: <i>(Sign when plan is established)</i>	Summary Rating: <i>(Sign when report is completed)</i>
Employee: _____ Date: _____	Rating Official: _____ Date: _____
Rating Official: _____ Date: _____	Reviewing Official (required for summary of Results Not Achieved ) _____ Date: _____
Reviewing Official: (when required by Bureau Office) _____ Date: _____	Employee: _____ Date: _____

**Privacy Act Notice:** Chapter 43 of Title 5, U.S.C., authorizes collection of this information. The primary use of this information is by management and your servicing personnel office to issue and record your performance rating. Additional disclosures of this information may be: To MSPB, Office of Special Counsel, EEOC, the FLRA, or an arbitrator in connection with administrative proceedings; to the Department of Justice or other Federal agency, courts, or party to litigation when the Government is a party to or has an interest in the judicial or administrative proceeding; to a congressional office in response to an inquiry made on behalf of an individual; to the appropriate Federal, State, or local government agency investigating potential violations of civil or criminal law or regulation; and to Federal, State, local, and professional licensing boards in determining qualifications of individuals seeking to be licensed.

Collection of your Social Security Number is authorized by Executive Order 9397. Furnishing your Social Security Number is mandatory, failure to provide this information will prohibit data collection required by the Office of Personnel Management.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.