
PERFORMANCE PLAN CERTIFICATION

EMPLOYEE'S NAME			SOCIAL SECURITY NO.
LAST	FIRST	MI	
POSITION TITLE			CORRESPONDENCE SYMBOL

INSTRUCTIONS

This form is to be completed at the beginning of each normal rating period, when an employee begins employment if after the beginning of the normal rating period, at the beginning of any new permanent position assignment, at the beginning of any temporary promotion or detail of 90 days or more, or at any time the performance plan is changed. Employees and supervisors may enter remarks concerning the plan in the remarks block below.

NOTE: A rating of record of successful or higher based on this performance plan meets the performance requirements for a general schedule within grade increase.

The following definitions will be used to determine the level of performance on the critical elements in this performance plan:

Unacceptable performance is a pattern of performance in a critical element that failed to meet the standard for expected performance so frequently or to such a degree as to have a significant negative impact on accomplishing the work of the element.

Successful performance is a pattern of performance in a critical element that consistently meets or exceeds the standard for expected performance and rarely or never fails to meet the standard.

FILING:

Attach the original of this form to the applicable performance plan and file in the supervisor's employee performance file. When an interim or annual performance rating is completed, attach the original of this form and the performance plan to the original copy of the rating.

The employee whose name is shown above has been given an opportunity to participate in the establishment of the attached performance plan by, at a minimum, being given the opportunity to review and comment on the performance plan and have his or her comments considered. This plan will be used to appraise the employee's performance until the employee changes position or the plan is changed.

SIGNATURE OF SUPERVISOR	NAME OF SUPERVISOR	DATE
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I acknowledge receipt of the attached performance plan.

SIGNATURE OF EMPLOYEE	DATE
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REMARKS
