



PERFORMANCE APPRAISAL

This form is to be used for Title 5/Hybrid Title 38 employees. Instructions for completing this form may be found at <http://vaww.va.gov/OHRM/EmployeeRelations/> under the Performance tab. For additional information, see VA Handbook 5013, Part I. If additional space is needed for any item on this form, use page 6, Section I, or attachment pages.

SECTION A: PERFORMANCE PLAN AND APPRAISAL OF

EMPLOYEE'S NAME <i>(Last, First, Middle Initial)</i>	POSITION TITLE, SERIES AND NUMBER		PAY PLAN-GRADE
DEPARTMENT/OFFICE	SERVICE	LOCATION <i>(City, State)</i>	
DATE ASSIGNED PRESENT POSITION <i>(MM/DD/YYYY)</i>	PERIOD COVERED BY THIS PERFORMANCE PLAN <i>(MM/DD/YYYY)</i> <i>(MM/DD/YYYY)</i>		
	FROM	TO	
SIGNATURE AND TITLE OF RATER PREPARING THIS PERFORMANCE PLAN	DATE <i>(MM/DD/YYYY)</i>	SIGNATURE OF EMPLOYEE	DATE <i>(MM/DD/YYYY)</i>

SECTION B: PERFORMANCE PLAN

Each performance plan must include all elements that will be used to assign an overall rating. Performance plans must contain at least one critical and one noncritical element. Each critical and noncritical element usually contains three to five performance standards. See VA Handbook 5013 Part I for additional guidance regarding mandatory performance standards, and planning performance plans. Critical elements will be denoted by an asterisk ().*

PERFORMANCE ELEMENTS/PERFORMANCE STANDARDS

SECTION B: PERFORMANCE PLAN *(Continued)*

PERFORMANCE ELEMENTS/PERFORMANCE STANDARDS

SECTION B: PERFORMANCE PLAN (Continued)

PERFORMANCE ELEMENTS/PERFORMANCE STANDARDS

SECTION C: CHANGES TO PERFORMANCE PLAN (Changes may be recorded anytime during the rating period.)

ELEMENT TITLE

PERFORMANCE STANDARD(S)

ELEMENT TITLE

PERFORMANCE STANDARD(S)

SIGNATURE OF RATER

DATE (MM/DD/YYYY)

SIGNATURE OF EMPLOYEE

DATE (MM/DD/YYYY)

SECTION D: PROGRESS REVIEW

At least one progress review is required during the appraisal period. The employee must be informed of his/her progress as measured against the performance plan. Additional progress reviews may be documented on page 6, Section 1.

A progress review was conducted and discussed with the employee, and the employee's performance as of this date:

Is considered Fully Successful or better.

Needs improvement to be Fully Successful or better. (See VA Handbook 5013, Part I, for additional information regarding addressing unacceptable performance.)

SIGNATURE OF RATER

DATE (MM/DD/YYYY)

SIGNATURE OF EMPLOYEE

DATE (MM/DD/YYYY)

SECTION F: OVERALL RATING

TYPE OF RATING		
ANNUAL RATING OF RECORD	SPECIAL RATING OF RECORD	SUMMARY RATING (POSITION CHANGES - EMPLOYEE OR RATER)
PERIOD COVERED BY THIS APPRAISAL <i>(Complete only for Special Rating of Record or Summary Rating.)</i>		
FROM	TO	

NOTE: Recommended Performance Rating - Using achievement levels assigned in Section E and the criteria described below, check the appropriate rating.

PERFORMANCE RATING

OUTSTANDING - Achievement levels for all elements are designated as Exceptional.

EXCELLENT - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for noncritical elements are designated as at least Fully Successful. Some, but not all, noncritical elements may be designated as Exceptional.

FULLY SUCCESSFUL - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and noncritical elements are designated as at least Fully Successful or higher.

MINIMALLY SATISFACTORY - Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical element(s) is (are) designated as Unacceptable.

UNACCEPTABLE - The achievement level(s) for one (or more) critical element(s) is (are) designated as Unacceptable.

SIGNATURE AND TITLE OF RATER	DATE (MM/DD/YYYY)
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SECTION G: HIGHER LEVEL REVIEW/APPROVAL

Required only for Minimally Satisfactory and Unacceptable ratings of record; unless organization has chosen to have higher level approval required for Outstanding ratings of record.


Concur with recommended rating.

Do not concur with rating. Approve rating of _____

EXPLANATION FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVAL OFFICIAL	DATE (MM/DD/YYYY)
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SECTION H: EMPLOYEE RECEIPT OF PERFORMANCE APPRAISAL

A copy of this performance appraisal was given to me. 	SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
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SECTION I: ADDITIONAL COMMENTS/INFORMATION

USE THIS AREA FOR ANY ADDITIONAL INFORMATION

SECTION I: ADDITIONAL COMMENTS/INFORMATION *(Continued)*

SECTION I: ADDITIONAL COMMENTS/INFORMATION *(Continued)*

SECTION I: ADDITIONAL COMMENTS/INFORMATION *(Continued)*

SECTION I: ADDITIONAL COMMENTS/INFORMATION *(Continued)*

SECTION I: ADDITIONAL COMMENTS/INFORMATION *(Continued)*