

SECTION I—PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL RECORD

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

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

Element:

Objective:

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

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 & 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