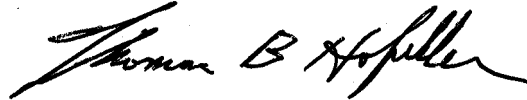


For: FFAS Employees

**Announcing AD-435D, Opportunity to Improve**

Approved by: Associate Administrator for Operations and Management



**1 AD-435D's**

**A Background**

Because both FSA and RMA moved from a 2-tiered performance appraisal program to a 5-tiered performance appraisal program, it has become apparent the formats used in the Opportunity to Improve (OTI) process needs to be simplified and streamlined.

**B Purpose**

This notice:

- announces AD-435D (see Exhibit 1)
- obsoletes Notice PM-2664.

**Important:** AD-2000-A, AD-4140, and AD-4140-A:

- are being replaced by AD-435D

**Note:** AD-2000-A, 4140, and 4140-A are used by FSA and RMA only.

- shall **not** be used for multi-tiered performance appraisal programs, **except** for actions that are currently in progress, in which case they may be used until the end of the OTI period.

<p><b>Disposal Date</b></p> <p>December 1, 2008</p>	<p><b>Distribution</b></p> <p>All FAS, FSA, and RMA employees; State Offices relay to County Offices</p>
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**Notice PM-2668**

**1 AD-435D's (Continued)**

**C Additional Information**

If there are any questions about AD-435D, contact the appropriate Servicing Personnel Office according to the following.

<b>IF located in...</b>	<b>THEN contact...</b>
<ul style="list-style-type: none"> <li>• FAS, FSA, and RMA National Offices</li> <li>• FSA State Offices in Midwest, Northeast, and Southeast areas, <b>excluding</b> Missouri and Puerto Rico</li> </ul>	HRD, Employee and Labor Relations Branch at either of the following: <ul style="list-style-type: none"> <li>• 202-401-0684</li> <li>• 202-205-9057 (TTY).</li> </ul>
<ul style="list-style-type: none"> <li>• APFO</li> <li>• FSA Kansas City and FSA St. Louis</li> <li>• FSA State Offices in Northwest and Southwest areas, Missouri, and Puerto Rico</li> <li>• RMA Product Management</li> <li>• RMA Regional and Compliance Offices</li> </ul>	KCHRO, Employee and Labor Relations Section at either of the following: <ul style="list-style-type: none"> <li>• 816-926-6643</li> <li>• 800-735-2966 (TTY).</li> </ul>
FSA County Office	State Office, Administrative Division.

Example AD-435D

Following is an example AD-435D.

<b>This form is available electronically.</b>		
<b>AD-435D</b> (08-28-08)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency Foreign Agricultural Service Risk Management Agency	
<b>OPPORTUNITY TO IMPROVE</b>		
<i>This form documents a plan for required performance improvement when performance does not meet expectations (i.e., the "Fully Successful" level) in a critical element. It lists specific examples of the specific deficiencies and the required improvements to bring performance to the "Fully Successful" level. Additional clarifying information, if provided, must be specified in, or attached to, this plan.</i>		
2. EMPLOYEE'S NAME	3. POSITION	4. ORGANIZATION
5. COMMENCING DATE	6. ENDING DATE	7. PLAN DURATION (No. of Days)
<b>PART A - IMPROVEMENT PLAN</b>		
<b>8. CRITICAL ELEMENT</b>	<b>9. DEFICIENCY(IES) CITE SPECIFICS</b>	<b>10. REQUIRED IMPROVEMENT</b>
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small>		

Example AD-435D (Continued)

AD-435D (08-28-08)		Page 2 of 3	
<b>PART A - IMPROVEMENT PLAN (continued)</b>			
11. SUPPORT TO BE PROVIDED EMPLOYEE (Indicate the support to be provided by the Supervisor or Rating Official (e.g., training, equipment, etc.) and the frequency of discussion.)			
12. REGULATORY REQUIREMENTS			
<ul style="list-style-type: none"> <li>- During this opportunity to improve (OTI), you will be expected to perform all the elements of the performance work plan. You must independently perform these duties at least at the "Fully Successful" level.</li> <li>- Upon completion of the OTI, you will be re-evaluated on the element(s) identified in this plan and informed of your performance in relation to your performance work plan.</li> <li>- If you have achieved the results expected/required, the OTI is concluded and you must maintain this level of performance for one year commencing from the date of the OTI.</li> <li>- If at any time during this one-year period your performance falls below the Fully Successful level in any of the elements specified in this plan, appropriate remedial action will be proposed. This may include, but is not limited to, a downgrade to a different position or removal from your position.</li> <li>- If at the end of this OTI you have not achieved the results expected/required, it will be necessary to determine an appropriate remedial action to propose as mentioned above.</li> <li>- If a definite decision cannot be made at the end of this OTI regarding your progress, the OTI may be extended. If this occurs, you will be notified in writing.</li> <li>- Areas in which you think you need additional training will be considered. The scope and level of such training provided will be determined based on how much and what kind of training has already been provided and what is customary for your position duties and grade level. If you believe additional training is needed, submit a written request to me within ten (10) days listing specific training needs.</li> <li>- Questions regarding this improvement plan, your work assignments, or the level of performance expected from you, should be directed to me.</li> </ul>			
<b>NOTE:</b> Experience indicates that, at times, performance problems can be the result of personal situations. While this may not be the case, it may be helpful to consider all the factors contributing to your performance problems. If you feel this may be the case, we encourage you to contact your Employee Assistance Program (EAP) at _____ . You may contact the program personally, or if you prefer, an appointment can be made for you. All information you provide is strictly confidential, unless you specifically authorize its release.			
13. PLAN ESTABLISHMENT SIGNATURES (Sign when improvement plan is established)			
EMPLOYEE SIGNATURE	DATE (MM-DD-YYYY)	SUPERVISOR/RATING OFFICIAL SIGNATURE	DATE (MM-DD-YYYY)
<b>DISTRIBUTION (Plan Establishment)</b>			
<input type="checkbox"/> Original - Rating Official <input type="checkbox"/> Copy - Employee <input type="checkbox"/> Copy - Reviewing Official <input type="checkbox"/> Copy - Human Resources			

Example AD-435D (Continued)

AD-435D (08-28-08)	Page 3 of 3				
<b>PART B - FOLLOW-UP REVIEW AND DISCUSSION</b>					
Follow-up No.	1	2	3	4	5
Meeting Date					
Employee Initials					
Supervisor Initials					
<b>PART C - FINAL REVIEW</b>					
<p><input type="checkbox"/> Employee has achieved the required improvement(s) described in this OTI, <b>OR</b></p> <p><input type="checkbox"/> Employee has not achieved the required improvement(s) described in this OTI. The employee continues to have problems in the areas described below:</p>					
<b>14. REVIEW CERTIFICATION</b>					
Employee Signature				Date (MM-DD-YYYY):	
Supervisor/Rating Official Signature				Date (MM-DD-YYYY):	
Reviewing Official Signature				Date (MM-DD-YYYY):	
<b>DISTRIBUTION (Plan Establishment)</b>					
<input type="checkbox"/> Original - Human Resources <input type="checkbox"/> Copy - Employee <input type="checkbox"/> Copy - Supervisor/Rating Official <input type="checkbox"/> Copy - Reviewing Official					