

National Institutes of Health
Senior Executive Service Performance Plan

Employee's Name

Position Title

Series/Grade

Organization

Appraisal Period (From/To)

Number of Elements

Plan Establishment Signatures

Rater's Signature

Date

Reviewer's Signature

Date

Employee's Signature *(indicates copy of the plan was received)*

Date

Progress Review*(Indicates that review took place. Written documentation required for element[s] where progress is less than Fully Successful.)*

Rater's Signature

Date

Employee's Signature *(Acknowledges that review took place. Does not imply agreement.)*

Date

Final Rating *(check one)*

Fully Successful <i>(rated Fully Successful on all elements)</i>	Minimally Satisfactory <i>(rated Minimally Satisfactory on one or more elements)</i>	Unsatisfactory <i>(rated Unsatisfactory on one or more elements)</i>
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Final Rating Signatures

Rater's Signature

Date

Employee's Signature *(indicates copy of the rating was received. Does not imply agreement.)*

Date

If employee requests PRB review of this rating, check here:

Reviewer's Signature

Date

IC Director's Signature

Date

PRB Chair's Signature

Date

National Institutes of Health
Senior Executive Service Performance Plan

Employee's Name

Element # _____ --Description

Element Rating (*Written justification required for rating below Fully Successful*)

- Fully Successful**
- Minimally Satisfactory**
- Unsatisfactory**

Element Standards

Comments (*Justification required for progress review and/or rating below Fully Successful, either below or attached. Other comments by rating official[s] and/or employee are optional.*)

Element # _____ --Description

Element Rating (*Written justification required for rating below Fully Successful*)

- Fully Successful**
- Minimally Satisfactory**
- Unsatisfactory**

Element Standards

Comments (*Justification required for progress review and/or rating below Fully Successful, either below or attached. Other comments by rating official[s] and/or employee are optional.*)