

National Institute of Child Health and Human Development
National Institutes of Health
INDIVIDUAL PERFORMANCE PLAN
(For employees in pay plans GS/GM and WG)

EMPLOYEE'S NAME	SOCIAL SECURITY NO.
POSITION TITLE (Use official title from position description)	PAY PLAN/SERIES/GRADE
ORGANIZATION	

APPRAISAL PERIOD (Calendar Year Cycle)	NUMBER OF ELEMENTS
From _____ To _____	This plan consists of _____ elements.

PLAN ESTABLISHMENT

RATER'S NAME	RATER'S TITLE
RATER'S SIGNATURE	DATE
EMPLOYEE'S SIGNATURE (Indicates that a copy of the plan was received.)	DATE

FINAL RATING

(Complete Only One of the Rating Sections Below)

ACCEPTABLE

(All elements were rated Acceptable)

RATER'S NAME	RATER'S TITLE
RATER'S SIGNATURE	DATE
EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)	DATE

OR

UNACCEPTABLE

(At least one element was rated Unacceptable)

RATER'S NAME	RATER'S TITLE
RATER'S SIGNATURE (For recommendation of Unacceptable rating only)	DATE
REVIEWER'S NAME	REVIEWER'S TITLE
REVIEWER'S SIGNATURE (For approval of Unacceptable rating only)	DATE
EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)	DATE

JOB ELEMENTS AND PERFORMANCE STANDARDS

Element _____ of _____

EMPLOYEE'S NAME

ELEMENT DESCRIPTION

PERFORMANCE STANDARDS (Employee must meet or exceed this level to be rated Acceptable)

PROGRESS REVIEW

PROGRESS REVIEW MEETING (Required for all employees)

A progress review was conducted on

PROGRESS REVIEW NOTES: (Required for employees not meeting expectations; optional for others)

RATER'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE (Indicates that a progress review was conducted.)

DATE

FINAL ELEMENT RATING

ACCEPTABLE

UNACCEPTABLE

DESCRIPTION OF ACTUAL PERFORMANCE (Required for rating of Unacceptable: optional for rating of Acceptable)

JOB ELEMENTS AND PERFORMANCE STANDARDS

Element _____ of _____

EMPLOYEE'S NAME

ELEMENT DESCRIPTION

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