

UNITED STATES DEPARTMENT OF AGRICULTURE
PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL WORKSHEET
 (Instructions on reverse)

| | | | | |
|-----------------------------|-------------------------|-----------------|-------------------------|----|
| 1. Name (Last, First, M.I.) | Pay Plan, Series, Grade | Agency/Division | APPRAISAL PERIOD | |
| Position Title | | | From | To |

| | | | | |
|---|--|--|-----------------------------------|--------------------------------------|
| 2. PERFORMANCE ELEMENT | | | <input type="checkbox"/> CRITICAL | <input type="checkbox"/> NONCRITICAL |
| No. <input style="width: 30px;" type="text"/> | (Describe below the duty or responsibility for which the employee is accountable and responsible. Indicate if the element is critical or noncritical.) | | | |

3. STANDARD (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, or timeliness, where applicable.)

| | | | |
|---|--|--|---|
| 4. ELEMENT RATING (At the end of the rating period, compare the employee's performance with standard and assign an element rating. For instructions about documentation, see reverse.) | | <input type="checkbox"/> EXCEEDS | <input type="checkbox"/> FULLY SUCCESSFUL |
| | | <input type="checkbox"/> DOES NOT MEET | |

ACCOMPLISHMENTS

5. CERTIFICATION OF DEVELOPMENT AND RECEIPT OF PLAN
 Signatures certify discussion with the employee and receipt of plan which reflects current position description.

| | |
|------------------------|------|
| Employee's Signature | Date |
| Supervisor's Signature | Date |
| Reviewer's Signature | Date |

6. PROGRESS REVIEWS (at least one must be completed)

| | |
|------------------------------|--------------------------------|
| Employee's Initials and Date | Supervisor's Initials and Date |
| | |