

**DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
INTERMITTENT (WAE) EMPLOYEE PERFORMANCE EVALUATION**

Employee		Employee ID	
Position Title and Grade or Pay Band			
Duty Location		Rating Period From: _____ To: _____	
		Rating	Comments
Met Acceptable Level of Performance			
Did Not Meet Acceptable Level of Performance			
RATING JUSTIFICATION (SUPERVISOR MUST BRIEFLY EXPLAIN OR JUSTIFY PERFORMANCE CASH AWARD, PERCENTAGE INCREASE).			
Evaluation Date		Rater (print name)	Rater signature
Signature			Date
<p>NOTE: EMPLOYEE'S SIGNATURE DOES NOT CONSTITUTE AGREEMENT WITH SUPERVISOR'S RATING. IF EMPLOYEE REFUSES TO SIGN EVALUATION THE SUPERVISOR WILL SO STATE IN THE EMPLOYEE SIGNATURE BLOCK.</p>			
PRIVACY ACT STATEMENT			
<p>Authority: 49 U.S.C § 114(n).</p> <p>Principle Purpose: This information will be used to document your performance evaluation and to certify that the rating official has discussed your performance appraisal with you. .</p> <p>Routine Uses: This information may be shared in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.</p> <p>Disclosure: Voluntary.</p>			