				Attachment 2
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE INTERNATIONAL SERVICES FOREIGN SERVICE MEMBER'S ACCOMPLISHMENT STATEMENT				
1.	Name (Last, First, Middle Initial)		Appraisal Period	
			From:	To:
3.	Official Position Title	4. Grade/Step or Pay Level	5. Duty Station	
6.	Rated Employee's Accomplishment Statement			

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

Date

REPRODUCE LOCALLY. Include form number and date on all reproductions.

7. Rated Employee's Signature