

United States Department of Agriculture  
**Performance Appraisal**

1 Social Security No.	2 Position Number	3 Pay Plan	4 Occup. Series
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5 Name (Last, first, Middle Initial)	6 Grade/Step or Pay Level	7 Appraisal Period From _____ To _____
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8 Official Position Title	9 Organization Structure Code
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10 Duty Station	11 Funding Unit	12 Agency Use	13 NFC Use
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**Instructions**  
 Blocks 1 through 10, completed by NFC, should be reviewed and, if necessary, corrected.  
 Block 11. enter funding unit number.  
 Block 14. Enter brief description of performance elements.  
 Block 15A. Check performance elements identified as critical

Blocks 15B, 15C., 15D. Rate actual performance by entering 2 for critical elements and 1 for non-critical elements in appropriate column.  
 Blocks 15E, 15F, 15G. Enter total of each column.  
 Block 15H. Enter total from 15E, 15F and 15G.  
 Block 16A. Check off the correct summary rating described in decision table (16B).  
 Blocks 17 through 22. Self-explanatory.

14 Performance Elements	15A Critical Element (✓)	15B Exceeds Fully Successful	15C Meets Fully Successful	15D Does Not Meet Fully Successful
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

<b>16B Decision Table (check off Summary Rating in block 16A)</b> Rating of Outstanding if 15E equals 15H. Rating of Unacceptable <sup>1/</sup> if any critical element is rated in 15D. Rating of Superior if no element is rated in 15D; 15F is greater than zero; and 15E is greater than 15F. Rating of Marginal <sup>2/</sup> if 15G is greater than 15E, and no critical element is rated in 15D. Rating of Fully Successful if none of the above apply.  <sup>1/</sup> Unsatisfactory for SES <sup>2/</sup> Minimally Satisfactory for SES	15E Exceeds 0	15F Meets 0	15G Does Not Meet 0
	15H Enter total 15E + 15F + 15G = 15H		15H 0
	<b>16A Summary rating (See Decision table in 16B)</b> <input type="checkbox"/> Outstanding <input type="checkbox"/> Superior <input type="checkbox"/> Fully successful <input type="checkbox"/> Marginal <sup>2/</sup> <input type="checkbox"/> Unacceptable <sup>1/</sup>		

17. Employee (Check off appropriate box)

I have a copy of USDA and Agency regulations on employee responsibilities and conduct; I have discussed them with my supervisor and questions have been answered to my satisfaction.

Yes  No

18 Employee's Signature	Date	If employee did not sign, state reason.
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(Instructions for resolutions of disputes are on the reverse of employee copy.)

<sup>1/</sup> Unsatisfactory for SES  
<sup>2/</sup> Minimally Satisfactory for SES 17 Employee  
 (Check off appropriate box)

19a. Supervisor's Signature	Date	19b. Supervisor's Name (Print)
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20a. Reviewer's Signature	Date	20b. Reviewer's Name (Print)
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21 Approving Official's or Funding Unit Manager's Signature (optional)	Date	22. FOR SES ONLY PLA to ES _____ Bonus Amount _____
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Check appropriate copy designation.  ORIGINAL  PERSONNEL  EMPLOYEE  SUPERVISOR **Form AD-435 (10/94)**

## GRIEVANCE PROCEDURES

**Performance Management Recognition System (PMRS) Employees** - Employees covered under the PMRS shall follow the agency Dispute Resolution Procedures.

**Non-PMRS Employees** - Employees not covered by the PMRS shall follow the agency administrative or negotiated grievance procedures, but not both.

**SES Employees** - Grievance procedures do not apply to SES employees. For procedures related to a dispute of an initial rating, see DPM Chapter 430, Appendix C.

Contact your servicing Personnel Office for specific instructions or applicable procedures for resolving performance appraisal disagreements.