United States Department of Agriculton Performance Appraisal	ure	1 Social Security		2 Position I	Number	3 Pay Plan	4 Occup. Series	
5 Name (Last, First, Middle Initial)			6 Grade/Step or Pay Level		7 Appraisal From	7 Appraisal Period From To		
8 Official Position Title			9 Organiza	ation Structure Cod	le			
10 Duty Station	11 Funding Unit		12 Agency Use			13 NFC Use		
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.			2 for critic in approp Blocks 15E Block 15H. Block 16A. table (16B	cal elements and 1 riate column. , 15F, 15G. Enter Enter total from 18 Check off the corr	ect summary rating	ements nn.	ecision	
14 Performance Elements	S			15A Critical Element (✔)	15B Exceeds Fully Successful	15C Meets Fully Successfu	15D Does Not Meet Fully Successful	
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
16B <u>Decision Table (check off Summary Rating in block 16</u> Rating of Outstanding if 15E equals 15H.	6A)				15E Exceeds	15F Meets	15G Does Not Meet	
Rating of Unacceptable ½ 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 ½ if 15G is greater than 15E, and no critical element is rated in 15D.					15H Enter total			
Rating of Fully Successful if none of the above apply 1/ Unsatisfactory for SES 2/ Minimally Satisfactory for SES	•				Outstar	- -	COISION TUBIC III 10Bj	
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. 18 Employee's Signature Date If employee did not sign, sta				n state reason	Superior Fully Successful Marginal 2/ Unacceptable 1/			
					1/ Unsatisfactory for SES 2/ Minimally Satisfactory for SES			
(Instructions for resolutions of disputes are on the reverse of employee copy.) 19 Supervisor's Signature Date 20 Reviewer			iewer's Sign	or's Signature Date			Date	
21 Approving Official's or Funding Unit Manager's Signature (optional) Date			SES ONLY			Bonus Amount		