

PERFORMANCE APPRAISAL PLAN AND RATING

Name of Employee: _____ Position Title, Series, and Grade: _____

Appraisal Period: _____ Fiscal Year: _____ Social Security Number: _____

Element	Subelement/Standard	Subelement Rating	Comments (Required for Ratings of Unacceptable)
(Define Element Here) <input type="checkbox"/> Use for 360 Degree Feedback During Progress Review <input type="checkbox"/> Subject to Matrix Management Assessment	(1)		
<input type="checkbox"/> Use for 360 Degree Feedback During Progress Review <input type="checkbox"/> Subject to Matrix Management Assessment	(2)		
<input type="checkbox"/> Use for 360 Degree Feedback During Progress Review <input type="checkbox"/> Subject to Matrix Management Assessment	(3)		
<input type="checkbox"/> Use for 360 Degree Feedback During Progress Review <input type="checkbox"/> Subject to Matrix Management Assessment	(4)		
Do Not Type - Blocks in this form should be extended as needed based on the length of the performance plan.			

Summary Rating _____