

**AD-435A**

UNITED STATES DEPARTMENT OF AGRICULTURE

(12-86)

**PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL WORKSHEET**

1. NAME (Last, First, M.I.)		2. POSITION TITLE	
3. AGENCY/DIVISION		4. PAY PLAN, SERIES, GRADE	<b>APPRAISAL PERIOD</b>
		5. START DATE	6. END DATE
<b>7. PERFORMANCE ELEMENT</b>			
No.	<input type="text"/>	(Describe below the duty or responsibility for which the employee is accountable and responsible. Indicate if the element is critical or noncritical.)	<input type="checkbox"/> <b>CRITICAL</b> <input type="checkbox"/> <b>NONCRITICAL</b>

<b>8. STANDARD</b> (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, or timeliness, where applicable.)
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<b>9. ELEMENT RATING</b> (At the end of the rating period, compare the employee's performance with standard and assign an element rating. Refer to documentation, as necessary.)	Exceeds	Fully Successful		Does Not Meet
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. ACCOMPLISHMENTS</b> (Must be completed if employee receives a summary rating of Outstanding. Attach additional sheets if more space is required.)				

<b>11. CERTIFICATION OF DEVELOPMENT AND RECEIPT OF PLAN</b> (Signatures certify discussion with the employee and receipt of plan which reflects current position description.)			
Employee's Signature			Date
Supervisor's Name ( <i>Print</i> )		Supervisor's Signature	Date
Reviewer's Name ( <i>Print</i> )		Reviewer's Signature	Date
<b>12. PROGRESS REVIEWS</b> (at least one must be completed)			
Employee's Initials and Date		Supervisor's Initials and Date	

Check appropriate copy designation below.

- ORIGINAL-OFFICIAL PERSONNEL FOLDER/EMPLOYEE PERFORMANCE FILE COPY
  EMPLOYEE COPY
  SUPERVISOR'S COPY
  AGENCY USE

**AD-435B** (Continuation Sheet)

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