

CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD

NEW

I/A:

MR#:

IP#:

 Performance Plan
 Performance Appraisal
 Performance Recognition
 Progress Review
 Position Description

Employee's Name: VACANCY

Position Title: FINANCIAL MANAGEMENT ANALYST

Pay Plan, Series, Grade/Step: ZA/0501/ IV

Organization: 1. NOAA

4.

2. PPBS

5.

3.

6.

Rating Period:

Covered by Senior Executive Service

Demonstration Project

X General Workforce

Other:

PART A - POSITION DESCRIPTION

POSITION CERTIFICATION – I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purpose relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR'S SIGNATURE

DATE

SECOND LEVEL SUPERVISOR

DATE

Jane Doe

John Smith

**CLASSIFICATION
CERTIFICATION**

OFFICIAL TITLE:

PP:

SERIES:

FUNC:

GRADE:

I/A:

YES

NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME & TITLE OF CLASSIFIER

SIGNATURE

DATE

Jane Doe, Branch Chief

PART B - PERFORMANCE PLAN

This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.

NAME & TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL

SIGNATURE

DATE

John Smith, Director

APPROVAL – I agree with the certification of the position description and approve the performance plan.

NAME & TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY

SIGNATURE

DATE

John ABC

EMPLOYEE ACKNOWLEDGMENT – My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.

SIGNATURE

DATE

PRIVACY ACT STATEMENT – Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

**PERFORMANCE PLAN, PROGRESS
REVIEW and APPRAISAL RECORD**

Employee's Name:

PART I. PERFORMANCE PLAN

A. CRITICAL ELEMENTS (*LIST at least TWO but no more than FIVE*)
(Expand size of blocks as desired)

B. RATING
(*Mark One*)

	Meets or Exceeds	<i>Does Not Meet</i>
	1.	
2.		
3.		
4.		
5.		

PART II. PROGRESS REVIEW COMMENTS

*Date(s) of review and initials of employee and rating official **must** be provided for each review. A summary of comments is optional unless expectations are not being met.*

Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No

PART III. SUMMARY LEVEL

NOTE: If any *one or more* of the Critical Elements in Part I above is marked “Does Not Meet” Expectations, the below Summary of Expectations must also be marked “Does Not Meet.” Also, a written explanation must be attached.*

Summary	MEETS OR EXCEEDS	DOES NOT MEET *
<i>Mark one of the following ---></i>		
<i>Check under “Yes” column if:</i>	YES	
1. Written comments or explanations are attached.*		
2. A Quality Step Increase is recommended (narrative justification attached)		

PART IV. PERFORMANCE CERTIFICATION

(Employee’s signature certifies review and discussion with the Rating Official. It does not necessarily mean that the employee concurs with the information on this form.)

Rating Official Signature:	Date:
Reviewing Official Signature: (If Applicable)	Date:
Employee Signature:	Date:

PERFORMANCE INDICATORS		Applicable Critical Elements
<i>For each Performance Indicator listed below, circle the number of each Critical Element (from Part I) that is applicable, in the right column:</i>		
I. QUALITY		
A. Knowledge of Field or Profession: Maintains and demonstrates technical competence and/or experience in areas of assigned responsibility.		All 1 2 3 4 5
B. Accuracy and Thoroughness of Work: Plans, organizes, and executes work logically. Anticipates and analyzes problems clearly and determines appropriate solutions. Work is correct and complete.		All 1 2 3 4 5
C. Soundness of Judgment and Decisions: Documents assignments carefully. Weighs alternative courses of action, considering long- and short-term implications. Makes and executes timely decisions.		All 1 2 3 4 5
D. Effectiveness of Written Decisions: Presentation meets objectives, is persuasive, tactful, and appropriate to audience. Demonstrates attention, courtesy and respect for other points of view.		All 1 2 3 4 5
E. Timeliness in Meeting Deadlines. : Completes work in accordance with established deadlines		All 1 2 3 4 5
F. Use of Information Technology: Work effectively uses IT resources and follows applicable IT policies and procedures including both security and appropriate use policies.		All 1 2 3 4 5
G. Other (Specify):		All 1 2 3 4 5
II. TEAMWORK		
A. Participation: Willingly participates in group activities, performing in a thorough and complete fashion. Communicates regularly with team members. Seeks team consensus.		All 1 2 3 4 5
B. Cooperation: Supports team initiatives. Demonstrates respect for team members. Seeks team consensus.		All 1 2 3 4 5
C. Leadership: Provides encouragement, guidance, and direction to team members as needed. Adjusts leadership style to fit situation.		All 1 2 3 4 5
D. Safety: Maintains a safe work environment, including keeping the work area free of known hazards. Complies with all occupational safety rules and regulations and encourages safe behavior in fellow workers.		All 1 2 3 4 5
D. Other (Specify):		All 1 2 3 4 5
III. CUSTOMER SERVICE		
A. Quality of Service: Delivers high quality products and services to both external and internal customers. Initiates and responds to suggestions for improving service.		All 1 2 3 4 5
B. Timeliness of Service: Delivers quality products and services in accordance with time schedules agreed upon with customer.		All 1 2 3 4 5
C. Courtesy: Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.		All 1 2 3 4 5
D. Other (Specify):		All 1 2 3 4 5

(Due December 1 of each year)

TO: Director for Human Resources Management

FROM: Assistant Administrator
Program Director
Staff Office Director

SUBJECT: Annual Certification of Compliance with
Performance Management Responsibilities

I certify that all employees within the Line/Staff/Program Office have received performance appraisals for the rating cycle ending September 30.

Not Rated. The following employees were not rated:

Organization Code Employee Names Reason for No Appraisal

Extensions. The following employees did not complete the minimum 120 days work under a performance plan to be rated as of September 30th. They will complete 120 days under their current performance standards and will be rated on the date shown:

Organization Code Employee Names Scheduled Date of 120 Day Rating

Unratables. The following employees cannot be rated for the reason shown (such as: time in a non-pay status; long-term training; service on a Federally sponsored program [such as an Intergovernmental Personnel Act or President's Executive Exchange assignment] for which appraisal information is not available; service on detail to another Federal agency for which performance appraisal information is not available; or approved absence):

Organization Code Employee Names Reason for No Rating

New Plan Certification. I also certify that all employees within the Line/Staff/Program Office who are in covered positions and are not exceptions as noted above, have received performance plans for the new appraisal cycle. This includes employees on time-limited appointments which are projected to extend beyond the first 119 days of the rating cycle.