

## PERFORMANCE MANAGEMENT SYSTEM FOR GENERAL SCHEDULE AND WAGE SYSTEM EMPLOYEES

**AUTHORITY:** 5 USC 4301-4305 and EO 9397, Nov. 1943 (SSN).

**Privacy Act Statement**

**PURPOSE:** Establishes a performance management system for GS-1 thru GS-15 and wage system employees.

**ROUTINE USES:** Records will be processed and maintained by the employee's supervisor and the servicing personnel office. Information will be made available to the appropriate review authorities. The SSN will be used to accurately identify the employee for salary adjustments.

**DISCLOSURE** Disclosure of this information is voluntary. However, failure to provide the requested information may adversely affect your performance appraisal.

### PART A - EMPLOYEE PERSONAL DATA

|   |  |                                  |                    |  |   |
|---|--|----------------------------------|--------------------|--|---|
| <b>1. NAME OF EMPLOYEE</b> <i>(Last, First, Middle Initial)</i> |  | <b>2. SOCIAL SECURITY NUMBER</b> |                    | <b>3. OFFICIAL CIVILIAN POSITION TITLE</b> |   |
| <b>4. EMPLOYER</b>  |  |                                  | <b>5. PAY DATA</b> |  | <b>6. DATE OF THIS APPRAISAL PERIOD</b> |
| a. DOD COMPONENT  |  | b. ADDRESS                       | a. PAY GRADE       | b. ANNUAL SALARY                           | a. FROM (YYMMDD)                        |
|   |  |                                  |                    |  | b. TO (YYMMDD)                          |

### PART B - APPROVAL AND RECOMMENDATIONS

*(Complete after all actions in Parts C and D have been accomplished)*

|   |  |                                |  |   |  |                                |  |
|---|--|--------------------------------|--|---|--|--------------------------------|--|
| <b>7. IMMEDIATE SUPERVISOR'S RECOMMENDATION</b>   |  |                                |  | <b>9. COMPONENT HEAD/APPROVING OFFICIAL</b>   |  |                                |  |
| a. OVERALL RATING <i>(X one)</i>  |  |                                |  | a. PERFORMANCE AWARD  |  |                                |  |
| (1) Outstanding   |  | (4) Minimally Successful       |  | (1) Approved  |  | (2) Disapproved                |  |
| (2) Exceeds Fully Successful  |  | (5) Unacceptable               |  | (3) Changed To  |  |                                |  |
| (3) Fully Successful  |  |                                |  | b. QUALITY STEP INCREASE/OUTSTANDING RATING   |  |                                |  |
|   |  |                                |  | (1) Approved  |  | (2) Disapproved                |  |
|   |  |                                |  | (3) Changed To  |  |                                |  |
| b. PERFORMANCE AWARD  |  |                                |  | c. COMMENTS <i>(If rating or award changed, must state reason(s). Element codes must be changed to equate to changed rating.)</i> |  |                                |  |
| (1) Percent of Salary %   |  | (2) Amount                     |  |   |  |                                |  |
| c. QUALITY STEP INCREASE <i>(Only with an Outstanding rating)</i>   |  |                                |  |   |  |                                |  |
| d. WITHIN GRADE INCREASE <i>(Provided waiting period for advancement to next higher step has been met)</i>                        |  |                                |  |   |  |                                |  |
| <b>8. SECOND LEVEL SUPERVISOR'S APPROVAL/RECOMMENDATION</b>   |  |                                |  |   |  |                                |  |
| a. OVERALL RATING   |  |                                |  |   |  |                                |  |
| (1) Approved  |  | (3) Changed To                 |  |   |  |                                |  |
| (2) Disapproved   |  |                                |  |   |  |                                |  |
| b. PERFORMANCE AWARD/QUALITY STEP INCREASE RECOMMENDATION   |  |                                |  |   |  |                                |  |
| (1) Approved  |  | (3) Changed To                 |  |   |  |                                |  |
| (2) Disapproved   |  |                                |  |   |  |                                |  |
| c. COMMENTS <i>(If rating or award changed, must state reason(s). Element codes must be changed to equate to changed rating.)</i> |  |                                |  |   |  |                                |  |
| d. SECOND LEVEL SUPERVISOR  |  |                                |  | d. COMPONENT HEAD/APPROVING OFFICIAL  |  |                                |  |
| (1) Typed Name <i>(Last, First, Middle Initial)</i>   |  |                                |  | (1) Typed Name <i>(Last, First, Middle Initial)</i>   |  |                                |  |
| (2) Signature   |  | (3) Date of Signature (YYMMDD) |  | (2) Signature   |  | (3) Date of Signature (YYMMDD) |  |