

**2-LEVEL PERFORMANCE APPRAISAL PROGRAM
PERFORMANCE PLAN**

Name (Last, First, M.I.)	Pay Plan, Series, Grade	Agency/Program	APPRAISAL PERIOD	
			From	To
Position Title				

CRITICAL PERFORMANCE ELEMENT

No. (Describe the duty, responsibility, or results for which the employee is accountable and responsible).

PERFORMANCE STANDARD - FULLY SUCCESSFUL LEVEL (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, timeliness, and/or manner of performance where applicable.)

CERTIFICATION OF ISSUANCE OF PERFORMANCE PLAN

Signatures certify issuance and receipt of performance plan.

Supervisor's Signature	Date	Employee's Signature	Date
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CERTIFICATION OF MID-YEAR PROGRESS REVIEW

Signatures certify discussion with the employee.

Supervisor's Signature	Date	Employee's Signature	Date
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