

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
INTERNATIONAL SERVICES

FOREIGN SERVICE MEMBER'S SUPERVISORY ASSESSMENT

1. Name <i>(Last, First, Middle Initial)</i>		2. Appraisal Period From: _____ To: _____
3. Official Position Title	4. Grade/Step or Pay Level	5. Duty Station

PART A - RATING OFFICIAL'S SECTION

6. Assessment

7. Certification: *I am the author of this assessment, which accurately reflects the rated employee's performance during the rating period.*

7a. Rating Official's Name and Title <i>(Please Print or Type)</i>	7b. Rating Official's Signature	Date
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This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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PART B – RATED EMPLOYEE'S SECTION

8. Rated Employee's Comments

9. Rated Employee's Signature

Date

PART C - REVIEWING OFFICIAL'S SECTION

10. Reviewing Official's Comments

10a. Reviewing Official's Name and Title *(Please Print or Type)*

10b. Reviewing Official's Signature

Date

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