

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  To:      From:
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.*

7 a. 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.*

**REPRODUCE LOCALLY.** Include form number and date on all reproductions.

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Attachment 3

**PART B – RATED EMPLOYEE’S SECTION**

8. Rated Employee's Comments

9. Rated Employee's Signature	Date
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**PART C - REVIEWING OFFICIAL'S SECTION**

10. Reviewing Official's Comments

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

10b. Reviewing Official's Signature

Date

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