



Employee Appraisal System

for

General Schedule Employees

(Including GM Employees covered by Public Law 103-89,
Performance Management and Recognition System Termination Act of 1993)

and Prevailing Rate Employees

EMPLOYEE'S NAME (LAST) (FIRST) (MI)			SSN
POSITION TITLE		PAY PLAN/SERIES/GRADE	
ORGANIZATIONAL LOCATION		RATING PERIOD FROM: TO:	
TYPE OF POSITION <input type="checkbox"/> Supervisory Position <input type="checkbox"/> Non-Supervisory Position		TYPE OF RATING <input type="checkbox"/> Interim Rating <input type="checkbox"/> Annual Rating of Record	

Signatures for Plan Establishment	
Supervisor's Signature	Date
Employee's Signature	Date

Signatures for Progress Review	
Supervisor's Signature	Date
Employee's Signature	Date

Any changes made during the appraisal period to the performance plan must be initialed and dated by the supervisor and employee.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Program Support Center

PSC EMPLOYEE APPRAISAL SYSTEM PLAN INSTRUCTIONS

PURPOSE: Form PSC-2 is to be used in the Program Support Center (PSC) to document information on an employee's performance throughout the employee's performance appraisal period.

COVERAGE: This form is appropriate for all General Schedule employees (including GM employees covered by Public Law 103-89, The Performance Management and Recognition System Termination Act of 1993) and all WG and prevailing rate employees in the competitive and excepted services in the PSC.

DISPOSITION OF FORMS: This form is subject to the provisions of the Privacy Act and must be appropriately safeguarded from unauthorized disclosure at all times. The original Rating of Record and all Interim Ratings are to be forwarded to the Personnel Office. Copies of the final rating should be retained by the supervisor and the employee.

BASIC INSTRUCTIONS

This form is used to document employee's performance during his/her appraisal period. Identification information is to be completed on the front cover page. Use additional copies of the Section I page of the form for each job element. Complete the identification information at the top of each page. If additional space is needed, use a plain sheet of bond paper and repeat the identification information at the top of each sheet.

Section I - PERFORMANCE PLAN

1. Number each job element in the plan consecutively beginning with "1." Describe the specific job element in the space provided.
2. Indicate whether the element is "Critical" or "Non-critical." Plans must consist of a minimum of three elements, at least one of which must be Critical.
3. Assign a weight to each element. Critical elements must be given more weight individually and collectively than Non-critical elements. The total of all the Critical and Non-critical elements weights must equal "100."
4. Generic Performance Standards (GPS) will be used for all employees. GPS are written at five levels (outstanding, excellent, fully successful, marginally successful and unacceptable).
5. A Job-Specific Performance Standard (JSPS) may be used to supplement the GPS at all performance levels for each element. The job-specific performance standard must be based on requirements of the employee's position and be as specific and comprehensive as possible, detailing all of the requirements (such as quality and timeliness) that are expected of the employee's performance in order to fully meet the particular job element. (See applicable pages of the Employee Appraisal System Guidelines for more details.)
6. The supervisor will sign and date the plan, forward the plan to the employee for signature and date. The employee should retain a copy of the approved plan.

Section II - PROGRESS REVIEW

1. Record progress and/or problems in this section under Supervisor's Comments for each element. Also indicate any changes made in job elements, JSPS or weights. Employee may record comments where indicated.
2. The supervisor and employee must sign and date where indicated. A copy must be given to the employee.

Section III - SUMMARY OF RESULTS

1. The supervisor must rate the employee on each job element. He/She must compare the performance on each element to the GPS (and JSPS if applicable) and determine the level of achievement that best describes the overall performance.
2. After determining the level of achievement, the supervisor must assign one of the achievement levels to the element by placing an "X" in the box for the appropriate level.
3. The supervisor must describe the employee's actual performance under Supervisor's Comments if the achievement level is rated Marginally Successful or Unacceptable.

Section IV - RATING

1. Each element is numbered in the space provided. Indicate whether the element is critical (C) or non-critical (NC). Place an "X" in the Achievement Level box for each element which corresponds with the level of achievement assigned to the element in Section III. Record the weight of that element. Multiply the weight by the Numerical Value assigned to the Achievement Level (5, 4, 3, etc.) and enter in the "Points" column. Fractions may not be used in calculating points. (Example: Element #1 was rated Outstanding, which equals 5; the weight of the element is 35 points; therefore 5 X 35 = 175 points, which would be recorded in the Points column.) After completing this step for each element, total ALL the "Points" and enter the total at the bottom in the "Total Points" box.
2. Depending on the "Total Points," assign an overall Rating by placing an "X" in the box which corresponds to the appropriate Achievement Level Point Range.

Section V - CONSOLIDATING INTERIM RATINGS

This section is completed only when two or more Interim Ratings have been issued during the appraisal year. When completing this section, follow detailed instructions on the back of the page that includes Sections IV and V.

Section VI - RATING OF RECORD

Record the final Rating of Record in this section by checking (X) the appropriate box. The Rating of Record will correspond to either the Overall Summary Rating in Section IV or the calculated points in Section V.

Section VII - SIGNATURES FOR RATING OF RECORD AND INTERIM RATINGS

SIGNATURE PROCEDURES FOR RATING OF RECORD

1. The supervisor must sign and date in the space provided for that purpose, and record a written summary of the employee's overall performance accomplishments in the space provided.
2. The rating official must forward the rating to the Higher Level Reviewing Official for signature. Any changes made by the Reviewing Official must be documented and explained in the "Comments" space provided. The Reviewing official then signs, dates, and returns the rating to the supervisor.
3. The supervisor communicates the final rating to the employee and obtains the employee's signature and date in the space provided. The employee may record comments where indicated. A copy of the rating must be provided to the employee.

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

TO: _____
(mm/dd/yy)

(LAST)

(FIRST)

(MI)

SECTION I - PERFORMANCE PLAN

Job Element # 1

Critical

Non-Critical

Weight:

(State the Job Element)

Generic Performance Standard

Job Specific Performance Standard

(Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

Outstanding (5)

Excellent (4)

Fully Successful (3)

Marginally Successful (2)

Unacceptable (1)

SUPERVISOR'S COMMENTS:

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

(LAST) (FIRST) (MI)

TO: _____
(mm/dd/yy)

SECTION I - PERFORMANCE PLAN

Job Element # 2

Critical

Non-Critical

Weight: _____

(State the Job Element)

Generic Performance Standard

Job Specific Performance Standard

(Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

Outstanding (5)

Excellent (4)

Fully Successful (3)

Marginally Successful (2)

Unacceptable (1)

SUPERVISOR'S COMMENTS:

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

TO: _____
(mm/dd/yy)

(LAST) (FIRST) (MI)

SECTION I - PERFORMANCE PLAN

Job Element # 3 <input type="checkbox"/> Critical <input type="checkbox"/> Non-Critical <div style="border: 1px solid black; padding: 2px;">Weight:</div>	(State the Job Element)
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Generic Performance Standard Job Specific Performance Standard (Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

- Outstanding (5) Excellent (4) Fully Successful (3) Marginally Successful (2) Unacceptable (1)

SUPERVISOR'S COMMENTS:

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

(LAST) (FIRST) (MI)

TO: _____
(mm/dd/yy)

SECTION I - PERFORMANCE PLAN

Job Element # 4

Critical

Non-Critical

Weight:

(State the Job Element)

Generic Performance Standard

Job Specific Performance Standard

(Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

Outstanding (5)

Excellent (4)

Fully Successful (3)

Marginally Successful (2)

Unacceptable (1)

SUPERVISOR'S COMMENTS:

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

(LAST) (FIRST) (MI)

TO: _____
(mm/dd/yy)

SECTION I - PERFORMANCE PLAN

Job Element # 5 <input type="checkbox"/> Critical <input type="checkbox"/> Non-Critical <div style="border: 1px solid black; padding: 2px;">Weight:</div>	(State the Job Element)
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Generic Performance Standard Job Specific Performance Standard (Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

- Outstanding (5) Excellent (4) Fully Successful (3) Marginally Successful (2) Unacceptable (1)

SUPERVISOR'S COMMENTS:

EMPLOYEE'S NAME:

APPRAISAL PERIOD: FROM: _____
(mm/dd/yy)

(LAST) (FIRST) (MI)

TO: _____
(mm/dd/yy)

SECTION I - PERFORMANCE PLAN

Job Element # 6

Critical

Non-Critical

Weight: _____

(State the Job Element)

Generic Performance Standard

Job Specific Performance Standard

(Check if applicable)

SECTION II - PROGRESS REVIEW

SUPERVISOR'S COMMENTS: *(If an additional progress review is held, use a separate sheet.)*

EMPLOYEE'S COMMENTS:

SECTION III - SUMMARY OF RESULTS

Check (X) one achievement level:

Outstanding (5)

Excellent (4)

Fully Successful (3)

Marginally Successful (2)

Unacceptable (1)

SUPERVISOR'S COMMENTS:

SECTION IV - INTERIM RATING

EMPLOYEE'S NAME:

(LAST)

(FIRST)

(MI)

List each job element by number. Indicate critical or non-critical next to the job element number.

- 5=OUTSTANDING
- 4=EXCELLENT
- 3=FULLY SUCCESSFUL
- 2=MARGINALLY SUCCESSFUL
- 1=UNACCEPTABLE

	Critical Non-Critical	ACHIEVEMENT LEVEL					WEIGHT		POINTS	
		5	4	3	2	1		=		
# 1							X		=	
# 2							X		=	
# 3							X		=	
# 4							X		=	
# 5							X		=	
# 6							X		=	
							X		=	
										TOTAL POINTS
							100			

Achievement Level Point Range

460 - 500

400 - 459

300 - 399

200 - 299

100 - 199

Overall Interim Rating

OUTSTANDING

EXCELLENT

FULLY SUCCESSFUL

MARGINALLY SUCCESSFUL

UNACCEPTABLE

NOTE: An employee who is rated Unacceptable on one or more critical elements must receive a Rating of Unacceptable. An employee who is rated Marginally Successful on one or more critical elements must receive a Rating no higher than Marginally Successful. These ratings must be assigned regardless of the numerical score or the level of performance on other elements.

SECTION V - CONSOLIDATING INTERIM RATINGS

NOTE: Complete when two or more Interim Ratings have been issued during the appraisal year. See instructions on the back of this

INTERIM RATING #1	POINTS X	DAYS =
FROM (mm/dd/yy) TO (mm/dd/yy)	_____	_____

INTERIM RATING #2	POINTS X	DAYS =
FROM (mm/dd/yy) TO (mm/dd/yy)	_____	_____

INTERIM RATING #3	POINTS X	DAYS =
FROM (mm/dd/yy) TO (mm/dd/yy)	_____	_____

TOTALS	= _____ POINTS	_____ DAY
TOTAL POINTS ÷ TOTAL DAYS	= _____	POINTS (RATING OF RECORD)

Section VI - RATING OF RECORD

460	-	500	OUTSTANDING
400	-	459	EXCELLENT
300	-	399	FULLY SUCCESSFUL
200	-	299	MARGINALLY SUCCESSFUL
100	-	199	UNACCEPTABLE

Section VII - SIGNATURES FOR RATING OF RECORD AND INTERIM RATINGS

SUPERVISOR
COMMENTS:

(SIGNATURE)

DATE

REVIEWING OFFICIAL
COMMENTS:

(SIGNATURE)

DATE

EMPLOYEE
COMMENTS:

(SIGNATURE)

DATE