U. S. DEPT. OF AGRICULTURE - MARKETING AND REGULATORY PROGRAMS

4-LEVEL PERFORMANCE APPRAISAL PROGRAM

PERFORMANCE PLAN COVER SHEET

Rating Period	
From	To

Employee Name (Last, First, M.I.)	Social Security No.	Pay Plan	Series	Grade

Position Title	Duty Station	State

Agency	Program	Unit Level 3	Unit Level 4

CRITICAL PERFORMANCE ELEMENTS	Element Weight (%)
1.	
2.	
3.	
4.	
5.	
6.	
Total *(must equal 100%)*	

Remarks

CERTIFICATION OF APPROVAL AND ISSUANCE OF PERFORMANCE PLAN

Approved by: (Rating Official's Signature)	Date
Reviewed by: (Reviewing Official's Signature)	Date
Received by: (Employee's Signature)	Date

CERTIFICATION OF COMPLETION OF MID-YEAR PROGRESS REVIEW

Rating Official's Signature	Date
Employee's Signature	Date

Copies: Employee - Employee Performance File - Rating Official

Print Form