

**AD-435A**

UNITED STATES DEPARTMENT OF AGRICULTURE

(12-86)

**PERFORMANCE PLAN, PROGRESS REVIEW AND APPRAISAL WORKSHEET**

1. NAME (Last, First, M.I.)		2. POSITION TITLE				
3. AGENCY/DIVISION		4. PAY PLAN, SERIES, GRADE		<b>APPRAISAL PERIOD</b>		
				5. START DATE	6. END DATE	
<b>7. PERFORMANCE ELEMENT</b>						
No.	<input type="text"/>	(Describe below the duty or responsibility for which the employee is accountable and responsible. Indicate if the element is critical or noncritical.)			<input type="checkbox"/> <b>CRITICAL</b>	<input type="checkbox"/> <b>NONCRITICAL</b>

**8. STANDARD** (Describe the level expected for "Fully Successful" performance. Include appropriate indicators of quality, quantity, cost efficiency, or timeliness, where applicable.)

9. ELEMENT RATING (At the end of the rating period, compare the employee's performance with standard and assign an element rating. Refer to documentation, as necessary.)				Exceeds	Fully Successful	Does Not Meet
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ACCOMPLISHMENTS (Must be completed if employee receives a summary rating of Outstanding. Attach additional sheets if more space is required.)						

<b>11. CERTIFICATION OF DEVELOPMENT AND RECEIPT OF PLAN</b> (Signatures certify discussion with the employee and receipt of plan which reflects current position description.)					
Employee's Signature				Date	
Supervisor's Name ( <i>Print</i> )		Supervisor's Signature		Date	
Reviewer's Name ( <i>Print</i> )		Reviewer's Signature		Date	
<b>12. PROGRESS REVIEWS</b> (at least one must be completed)					
Employee's Initials and Date			Supervisor's Initials and Date		

Check appropriate copy designation below.

- ORIGINAL-OFFICIAL PERSONNEL FOLDER/EMPLOYEE PERFORMANCE FILE COPY    EMPLOYEE COPY    SUPERVISOR'S COPY    AGENCY USE

**AD-435B** (Continuation Sheet)

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