

**Sheet B NATIONAL INSTITUTES OF HEALTH  
Performance Plan for Title 42 Employees**

Employee's Name		
Position Title	Series	Organization
Appraisal Period (From/To)		Number of Critical Elements N/A
<b>PLAN ESTABLISHMENT SIGNATURES</b>		
Rater's Signature		Date
Employee's Signature ( <i>Acknowledges that copy of the plan was received</i> )		Date
<b>Progress Review</b> ( <i>Indicates that review took place</i> )		
Rater's Signature		Date
Employee's Signature ( <i>Acknowledges that review took place. Does not imply agreement.</i> )		Date
<b>Final Rating</b> ( <i>check one</i> )		
	<b>Acceptable</b> <i>(rated Acceptable all critical elements)</i>	<b>Unacceptable</b> <i>(rated Unacceptable on one or more critical elements)</i>
<b>Final Rating Signatures</b>		
Rater's Signature		Date
Employee's Signature ( <i>Acknowledges that copy of the rating was received. Does not imply agreement.</i> )		Date