

Sheet C **National Institutes of Health**
Employee Performance Plan

PART I: Identifying Information (typed)

A. Employee's Name:	D. Rater's Name:
B. Position Title, Series, and Grade:	E. Rater's Title:
	F. Reviewer's Name:
C. Organizational Location:	G. Reviewer's Title:

PART II: Signatures and Dates

	Plan Establishment*	Progress Review	Rating*
Rater's Signature			
Date			
Reviewer's Signature	(as required)	NOT APPLICABLE	(as required)
Date			
Employee's Signature*			
Date			

*Employee's signature indicates that a copy has been received.

PART III: Evaluation

Appraisal Period: From: _____ To: _____ <hr style="border: 1px solid blue; width: 100%;"/>	The rating is (check one): <input type="checkbox"/> Rating of Record <input type="checkbox"/> Interim Rating
This performance plan consists of _____ elements.	Rating (check one): <input type="checkbox"/> Acceptable (rated Acceptable on all critical elements) <input type="checkbox"/> Unacceptable (rated Unacceptable on one or more critical elements)