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CIVILIAN RATING OF RECORD

(Please read Privacy Act Statement on reverse before completing this form.)

EMPLOYEE (Last Name, First, Middle Initial)	SSN	ORGANIZATION	PAY	SERIE	GRADE/STE	SALARY W/O LOCALITY PAY
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APPRAISAL	FROM	TO:	EFFECTIVE
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- Part A normally contains one to seven critical elements.
 - Rate the critical element(s) in Part A by placing an "X" in the appropriate (s). The overall performance rating is derived from the ratings of the critical elements. A rating of "Does not meet" on any critical element results in a determination that overall performance is unacceptable. An Unacceptable rating is the basis for initiating a performance improvement plan and requires proper documentation. Contact the Civilian Personnel Flight for assistance.
 - Complete Part B, "Impact on Mission Accomplishment" for GS-14s and GS-15s (bullet format, limited to 9 lines). Optional to complete for others.
 - Complete Part C, "Award Justification" for those being recommended for an award (bullet format, limited to 9 lines).

PART A. Position Requirements. (Was the employee's performance Unacceptable or Acceptable on the Performance Plan's critical elements?)

	DOES NOT MEET			MEETS				DOES NOT MEET			MEETS		
ELEMENT 1							ELEMENT 8						
ELEMENT 2							ELEMENT 9						
ELEMENT 3							ELEMENT 10						
ELEMENT 4							ELEMENT 11						
ELEMENT 5							ELEMENT 12						
ELEMENT 6							ELEMENT 13						
ELEMENT 7							ELEMENT 14						

OVERALL PERFORMANCE RATING **R** - ACCEPTABLE: Rated "Meets Standards" on all critical elements.
N - UNACCEPTABLE: Rated "Does Not Meet Standards" on one or more critical elements

PART B. Impact on Mission Accomplishment. (Mandatory completion required for GS-14s/15s.)

PART C. Award Justification. (Part B may serve as Part C award justification.)

PART D. Performance Award.

AWARD(Enter "P" - Performance or "Q" - QSI)	AWARD PERCENTAGE OR (If P (cash), enter as a percentage, e.g., 1.5, or a dollar amount)	OTHER (For time-off awards, state number of hours)
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Certification for Time-Off Award (as applicable) : I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time-off award in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award. Note: Ensure the number of time-off award hours previously awarded to this employee this leave year plus this award does not exceed 80 hours.

PART E. Certification. (Certify by having rater, reviewer, award approving official (if required), and employee sign and date this form.)

RATE (Supervisor's signature and duty phone)	DATE (YYYYMMDD)
REVIEWE (Signature and duty phone)	DATE (YYYYMMDD)
AWARD APPROVING (If required, signature and duty phone)	DATE (YYYYMMDD)
EMPLOYEE (Receipt acknowledged. Signature does not indicate agreement or disagreement.)	DATE (YYYYMMDD)