

NAVPERSCOM NON-APPROPRIATED FUND EMPLOYEE PERFORMANCE RATING FORM

SUPPORTING DIRECTIVE BUPERSINST 5300.10A

PRIVACY ACT STATEMENT: THE SUPERVISOR BASED UPON OTHER AGENCY RECORDS OF THE EMPLOYEE FILLS OUT THIS FORM. THE SOCIAL SECURITY NUMBER (SSN) IS COLLECTED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397 (NOVEMBER 22, 1943). THAT ORDER REQUIRES AGENCIES TO USE THE SSN FOR THE SAKE OF ECONOMY AND ORDERLY ADMINISTRATION IN THE MAINTENANCE OF PERSONNEL RECORDS. THE SSN IS BEING INCLUDED ON THIS FORM SO THAT THE OTHER PERSONNEL PROCESSES THAT REQUIRE THIS FORM MAY BE ASSOCIATED WITH THE PROPER EMPLOYEE. THE RECORD IS USED SOLELY FOR THAT PURPOSE.

1. NAME (LAST, FIRST, MIDDLE INITIAL):	2. SSN:
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3. POSITION TITLE, PAY PLAN, SERIES AND GRADE (E.G. CLERK, NF-0000-01):

4. NAME AND LOCATION OF NAF ACTIVITY

5. REASON FOR RATING AND RATING PERIOD
 90 DAY INTERIM ANNUAL SEPARATION/CLOSE-OUT FROM: TO:

6. RATING ELEMENTS (DEFINITIONS OF THE ELEMENTS ARE INCLUDED ON THE REVERSE INSTRUCTIONS)	OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY
A. QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. WORKING RELATIONSHIPS (WITH PEERS AND SUPERVISORS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. CUSTOMER/PATRON RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. MANAGERIAL/SUPERVISORY EFFECTIVENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. LEADERSHIP EFFECTIVENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. OVERALL PERFORMANCE RATING
 OUTSTANDING HIGHLY SATISFACTORY SATISFACTORY LESS THAN SATISFACTORY

8A. PAY INCREASE: YES AMOUNT: NO

8B. CASH AWARD: YES AMOUNT: NO

9. REMARKS:

10. RATER'S SIGNATURE:	DATE:
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11. APPROVING OFFICER'S SIGNATURE (FOR APPROVAL OF RATING AND ITEM 8):

12A. EMPLOYEE'S SIGNATURE (INDICATES RATING HAS BEEN DISCUSSED WITH EMPLOYEE):

12B. DATE DISCUSSED AND COPY OF COMPLETED EVALUATION PACKAGE PROVIDED TO EMPLOYEE:

(INSTRUCTIONS FOR COMPLETION ON NEXT PAGE)