

**CHIEF OF NAVAL OPERATIONS
PERFORMANCE APPRAISAL FORM
GS 1-12**

PART I

1. PERIOD COVERED

2.

FROM: TO:

INTERIM APPRAISAL

RATING OF RECORD

3. NAME:(LAST, FIRST, MIDDLE INITIAL)

4. SSN:

5. POSITION TITLE/SERIES/GRADE

6. ORGANIZATION/CODE

7. RECORD OF REVIEWS AND FINAL APPRAISAL.

(Signature indicates that this step of the process has been completed. Must be signed and dated.)

(NOTE: Employee signature does not necessarily constitute agreement with the plan or rating.)

	STANDARDS	PROGRESS REVIEW	RATING
IMMEDIATE SUPERVISOR			
SECOND LEVEL SUPERVISOR			
EMPLOYEE			

8. RATING OF RECORD OR INTERIM APPRAISAL.

ACCEPTABLE

UNACCEPTABLE

9. EMPLOYEE'S POSITION DESCRIPTION IS CURRENT AND ACCURATE?

YES

OR

NO

10. SUPERVISOR'S COMMENTS