

Senior Executive Service APPRAISAL RECORD

Employee Comments Attached

Yes No

APPRAISAL PERIOD

From _____ To _____

NAME (Last, First, MI)

BASE SALARY

TITLE

PRB

AGENCY

SOCIAL SECURITY #

ACCOUNTING CODE

DATE ENTERED SES

DATES OF LAST: (MM/YY)

Bonus:

Salary Adjustment:

D. Rank:

M. Rank:

SUPERVISOR'S INITIAL RATING

PRB RATING

PERFORMANCE ELEMENT
(Check box if element is critical)

Exceeds Fully Successful
Meets Fully Successful
Does Not Meet Fully Successful

Exceeds Fully Successful
Meets Fully Successful
Does Not Meet Fully Successful
1. Accomplishments exceed rating
2. Accomplishments do not support rating.
3. Other (specify)

PERFORMANCE ELEMENT (Check box if element is critical)	Exceeds Fully Successful	Meets Fully Successful	Does Not Meet Fully Successful
1.			
2.			
3.			
4.			
5.			
6.			

Exceeds Fully Successful	Meets Fully Successful	Does Not Meet Fully Successful	Total

TOTAL
SUMMARY RATING (Check one)

- OUTSTANDING All appraisal units are at "Exceeds".
- SUPERIOR More appraisal units are at "Exceeds" than at "Meets fully successful" but none are rated "Does not meet".
- FULLY SUCCESSFUL Any combination of appraisal units which falls between "Superior" and "Minimally Satisfactory".
- MINIMALLY SATISFACTORY More appraisal units are at "Does not meet" than at "Exceeds".
- UNSATISFACTORY One or more critical elements are appraised at "Does not meet".

PRB SUMMARY RATING (check one)

- CONCUR WITH SUPERVISORY SUMMARY RATING
- CHANGE SUMMARY RATING TO (specify):

PRB RECOMMENDATIONS

- RETAIN BONUS
- REASSIGN D. RANK AWARD
- REMOVE M. RANK AWARD
- BASE SALARY INCREASE TO \$ _____
(INDICATE TOTAL PERCENTAGE _____ %)

I have a copy of the Government-wide standards of conduct (including USDA/Agency regs).

Yes No

I attended the required annual ethics training.

Yes No

EMPLOYEE'S SIGNATURE & DATE

SUPERVISOR'S SIGNATURE & DATE

REVIEWER'S SIGNATURE & DATE

PRB CHAIRPERSON'S SIGNATURE & DATE

SECRETARY'S OFFICE OR AGENCY HEAD RECOMMENDATIONS

(More than one block may apply)

RETAIN REASSIGN REMOVE * BONUS * D. RANK AWARD M. RANK AWARD

SALARY ADJUSTMENT \$ _____ *

* Justify on reverse recommended actions based on appraisal, summarizing briefly managerial and program accomplishments and impact on agency or Department.

SIGNATURE OF SECRETARY'S OFFICE OR AGENCY HEAD & DATE

SECRETARY'S APPROVAL - FINAL RATING

SIGNATURE OF SECRETARY

DATE

RATING

SALARY INCREASE

BONUS AMT