

# PERFORMANCE APPRAISAL RATING FORM

## Annual Rating of Record OR CloseOut/Interim Rating

Name: (Last, First, Middle Initial)

SSN:

Position Title/Series/Grade:

Position Description accurate?

YES  NO

Rating Period:

Check one:

Annual Rating of Record

CloseOut /Interim Rating

From: \_\_\_\_\_ To: \_\_\_\_\_

Organizational Location:

UIC:

Telephone No:

### Record of Review and Final Appraisal

	Performance Plan Established		Progress Review		Final Rating	
	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE
<b>Employee</b>						
<b>Immediate Supervisor</b>						
<b>Approving Official</b>	<i>Signature required only for final rating of "Unacceptable"</i>					

### Rating

ACCEPTABLE (LEVEL 3)

UNACCEPTABLE (LEVEL 1)

### Comments