

You have selected:

**INR Non-Supervisor**

**CIVIL SERVICE PERFORMANCE PLAN AND APPRAISAL FORM**

General Schedule and Prevailing Rate Employees  
(5 CFR 430 and 3 FAM 2820)

**INSTRUCTIONS FOR PREPARATION****DS-7644****Purpose of the Report:**

The Employee Performance Plan establishes a clear connection between the Department's strategic goals and the employee's contribution. The process emphasizes the importance of effectively communicating management's expectations, and provides a focal point for understanding the employee's role in the achievement of the Department's strategic goals.

**General Instructions:**

These instructions should be read carefully by the rating and reviewing officials and employees prior to preparation of the performance plan, progress review and appraisal report. Regulations governing the Department-wide Performance Appraisal Program for General Schedule and Prevailing Rate Employees are in 3 FAM 2820.

**Personnel Covered:**

Form DS-7644, Civil Service Performance Plan and Appraisal, is to be used for all Civil Service personnel, except employees covered by the Senior Executive Service (SES) or another approved performance appraisal program.

**Appraisal Period:**

The appraisal period for Civil Service employees begins January 1 and ends December 31.

**Submission of Reports:**

The Rating Official will provide a copy of the approved form DS-7644, Civil Service Performance Plan and Appraisal, to the rated employee. The original DS-7644 and a copy must be forwarded to the Bureau/Office executive office. The bureau executive office must submit the original appraisal report to the Office of Civil Service Personnel Management, HR/CSP, by February 15 of each rating cycle. The bureau must also retain a copy for its files.

**Completing the Form:**

Indicate **Type of Report**- An appraisal report prepared at the end of an appraisal period that covers performance for at least the minimum period of appraisal (120 days) is an *Annual Rating of Record*. A report prepared other than at the end of the appraisal period should be marked as an *Interim Performance Rating*. The rating official must specify the reason for the interim evaluation, i.e., change of duties, departure of employee, and departure of rater.

**General Personnel Information:**

Complete information on the employee, position title, grade, series, and organization must be provided. The Performance Appraisal Period must reflect the actual dates of the performance being rated.

**Alignment to Strategic Goals:**

An employee's performance plan must be derived from, aligned with, and linked to one or more of the following: the President's Management Agency, the Department's Mission Statement, the Department's Strategic Plan, bureau organizational goals, and Department performance plans and budget priorities. The relationship to the employee's duties must be clearly stated in the Alignment Statement to establish the direct connection between Department goals and objectives and employee contributions.

**Job Description:**

Briefly describe where the position fits in the organizational structure.

**Critical Performance Element 1 - Employee Work Commitments and Standards:**

The incumbent and his/her supervisor should describe a limited number of critical actions, objectives, and/or results that the incumbent will be expected to accomplish during the evaluation year. Work commitments are derived from and directly contribute to program priorities and objectives established by the Department/Bureau/Office strategic goals, and are written at the "Fully Successful" level. In addition, supervisors should ensure that work commitments and standards align with employee position descriptions whenever possible.

Performance of work commitments should include a measurement of results and may be expressed in terms of quantity, quality, manner of performance, timeliness, and/or cost effectiveness. Work commitments may be modified during the evaluation period if circumstances warrant, provided there are at least 120 days before the end of the evaluation period. When applicable, supervisors should take care to ensure that there is consistency between like positions. *(It is recommended that **THREE to FIVE** Employee Work Commitments be established.)*

**Certification:**

Both the supervisor and the employee must sign at the bottom of page 2 in order to certify that the written work commitments and standards have been established.

**Critical Performance Elements 2-5 Ratings:**

The critical performance elements are listed along with fully successful expectations. The employee and supervisor may add other expectations for each critical performance element as appropriate. When applicable, supervisors should take care to ensure that there is consistency between like positions.

**Narrative Summary for Performance Elements 1-5:**

Narrative comments are required to address overall performance. Specific examples should be provided when Critical Performance Elements are rated "Exceeds Expectations" or below "Fully Successful". Supervisors are allowed no more than two pages for the narrative summary.

**Summary Rating Level:**

**Outstanding** - All work Commitments (Critical Performance Element 1) and all competencies (Critical Performance Elements 2-5) must be rated "Exceeds Expectations".

**Exceeds Expectations** - Rated "Exceeds Expectations" for 50% or more of Work Commitments (Critical Performance Element 1); and rated "Exceeds Expectations" for 50% or more of Critical Performance Elements 2-5.

**Fully Successful** - Must be rated "Exceeds Expectations" for less than 50% of Work Commitments (Critical Performance Element 1), and must have "Fully Successful" or higher rating for Critical Performance Elements 2-5.

**Not Successful** - This rating level is assigned when one or more Critical Performance Elements (Elements 1-5) have been rated "Not Successful".

**Certification of Final Rating:**

Rating official, Employee, and Reviewing Official (if applicable) sign and date form. Employees can opt to discuss evaluation with Reviewing Official.



U.S. Department of State

**CIVIL SERVICE PERFORMANCE PLAN AND APPRAISAL**  
**General Schedule and Prevailing Rate Employees**

**TYPE OF REPORT**

(Check One)

Annual Rating of Record       Other (Specify reason) \_\_\_\_\_

**GENERAL PERSONNEL INFORMATION**

Employee Name	Employee ID
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Title, Grade, and Series	Bureau/Organizational Symbol INR/
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Name of Rating Official	Title of Rating Official
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Name of Reviewing Official	Title of Reviewing Official
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Performance Appraisal Period  
 From (mm-dd-yyyy) \_\_\_\_\_ To (mm-dd-yyyy) \_\_\_\_\_

**ALIGNMENT TO THE STRATEGIC GOALS**

List the strategic goals that relate to the employee's duties.

**JOB DESCRIPTION**

Briefly describe where the position fits in the organizational structure.

**GENERIC PERFORMANCE STANDARDS**

The Generic Performance Standards are the primary basis for assigning element ratings. They define levels of performance in terms of quality, quantity, and extent of supervision required. The following are general definitions:

**Exceeds Expectations:** This is a level of unusually good performance. The quality and quantity of the work under this element are consistently above average.

**Fully Successful:** This is a level of good, sound performance. The quality and quantity of the work under this element are those of a fully competent employee. The performance represents a level of accomplishment expected of a great majority of employees.

**Not Successful:** The quality and quantity of the employee's work under this element are not adequate. The employee's work products fall short of requirements.



**APPRAISAL FOR:**

Employee Name (Last, First, MI.)

Employee ID

Performance Appraisal Period

From (mm-dd-yyyy)

To (mm-dd-yyyy)

**CRITICAL PERFORMANCE ELEMENT 1- (Continued)**

Work Commitment 1c:

Exceeds Expectations

Fully Successful

Not Successful

Work Commitment 1d:

Exceeds Expectations

Fully Successful

Not Successful

Work Commitment 1e:

Exceeds Expectations

Fully Successful

Not Successful

**CERTIFICATION- Supervisor and Employee certify that work commitments have been established.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Signature of Rating Official

\_\_\_\_\_  
Date (mm-dd-yyyy)

**APPRAISAL FOR:**

Employee Name (Last, First, MI.)

Employee ID

Performance Appraisal Period

From (mm-dd-yyyy)

To (mm-dd-yyyy)

**CRITICAL PERFORMANCE ELEMENT 2- Competency: Achieves Organizational Results**

Description: Focuses on achieving positive, concrete results that contribute to organizational success.

Expectations of **Fully Successful** contribution:

- Applies internal control measures to protect organizational integrity and prevent unauthorized use or misappropriation of sensitive and classified material.
- Demonstrates initiative, effort and commitment toward completing assignments in a timely manner.
- Willingly accepts personal responsibility and accountability for results.

Exceeds Expectations

Fully Successful

Not Successful

**CRITICAL PERFORMANCE ELEMENT 3- Competency: Demonstrates Job Knowledge**

Description: Has a good understanding of functional knowledge/competence in his/her area of work and effectively applies it. This element includes Critical Thinking competencies, as defined below:

Expectations of **Fully Successful** contribution:

- Keeps current in areas of responsibility.
- Presents information/recommendations in a logical and understandable manner.
- Systematically applies logic, analysis, synthesis, creativity, and judgment to gather and evaluate multiple sources of data.

Exceeds Expectations

Fully Successful

Not Successful

**CRITICAL PERFORMANCE ELEMENT 4- Competency: Participation and Teamwork**

Description: Builds and maintains collegial, effective relationships that facilitate achievement of desired goals. This element includes Engagement and Collaboration competencies, as defined below:

Expectations of **Fully Successful** contribution:

- Actively contributes to the accomplishment of organizational and team goals, including adapting to shifts in work priorities.
- Shares information freely across levels and functions.
- Builds and leverages diverse collaborative networks within the department and across the IC and have a responsibility to contribute information and knowledge to these networks.

Exceeds Expectations

Fully Successful

Not Successful

**CRITICAL PERFORMANCE ELEMENT 5- Competency: Interpersonal Skills and Communication**

Description: Develops and maintains productive relationships within the work unit.

Expectations of **Fully Successful** contribution:

- Treats colleagues and customers fairly and equitably, in accordance with EEO standards and practices.
- Responds in a timely fashion to customers/stakeholders/colleagues concerns and requests.
- Presents information verbally and/or in writing that meets the needs of the task.

Exceeds Expectations

Fully Successful

Not Successful

**CERTIFICATION- Supervisor and Employee certify that work competencies have been established.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Signature of Rating Official

\_\_\_\_\_  
Date (mm-dd-yyyy)

<b>APPRAISAL FOR:</b>	
Employee Name <i>(Last, First, MI.)</i>	Employee ID

Performance Appraisal Period From <i>(mm-dd-yyyy)</i> _____ To <i>(mm-dd-yyyy)</i> _____
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**NARRATIVE SUMMARY (Mandatory)**

Narrative comments are required to address overall performance. Specific examples should be provided when Critical Performance Elements are rated 'Exceeds Expectations' or below 'Fully Successful.' This narrative should include examples of the individual's personal leadership and integrity (selfless service, commitment to excellence, and the courage and conviction to express their professional views.)

*(This area is intentionally left blank for the user to provide narrative comments.)*

<b>APPRAISAL FOR:</b>			
Employee Name (Last, First, MI.)		Employee ID	
Performance Appraisal Period From (mm-dd-yyyy) _____ To (mm-dd-yyyy) _____			
<b>FINAL RATING</b>			
<b>Critical Performance Element Ratings</b>		<b>Summary Level Rating</b>	
<b>Critical Performance Element 1: Work Commitments</b>  1a. _____ 1b. _____ 1c. _____ 1d. _____ 1e. _____	<b>Critical Performance Elements 2-5:</b>  2. _____ 3. _____ 4. _____ 5. _____	(Check only one)  <input type="checkbox"/> Outstanding  <input type="checkbox"/> Exceeds Expectations  <input type="checkbox"/> Fully Successful  <input type="checkbox"/> Not Successful	
<b>DERIVING THE SUMMARY LEVEL RATING</b>			
Outstanding	All Work Commitments (Critical Performance Element 1) and all competencies (Critical Performance Elements 2-5) must be rated "Exceeds Expectations".		
Exceeds Expectations	Must be rated "Exceeds Expectations" for 50% or more of Work Commitments (Critical Performance Element 1); and rated "Exceeds Expectations" for 50% or more of Critical Performance Elements 2-5.		
Fully Successful	Must be rated "Exceeds Expectations" for less than 50% of Work Commitments (Critical Performance Element 1); and must have "Fully Successful" or higher rating for Critical Performance Elements 2-5.		
Not Successful	"Not successful" on one or more Critical Performance Elements (including Work Commitments and Critical Performance Elements 2-5).		
<b>CERTIFICATION OF PROGRESS REVIEW</b>			
In addition to providing continuous performance feedback to an employee, the supervisor is required to hold at least one performance discussion during the appraisal period, usually a mid-cycle review. This discussion should cover the employee's job elements and performance standards; employee strengths and weaknesses; performance deficiencies; recommendations for improvement; developmental training and assignments; and supervisory expectations for the remainder of the appraisal period. <i>(The Mandatory Mid-Year Performance Review, Form DS -7645 must be used to facilitate the progress review discussion. The form does not become part of this appraisal report.)</i> Indicate date(s) of Progress Review and sign below:			
(1) _____ Date (mm-dd-yyyy)	(2) _____ Date (mm-dd-yyyy)	(3) _____ Date (mm-dd-yyyy)	
_____ Signature of Rating Official	_____ Date (mm-dd-yyyy)	_____ Signature of Employee	_____ Date (mm-dd-yyyy)
<b>APPRAISAL DISCUSSION</b>			
We acknowledge that an appraisal discussion was held and that the employee has been provided with a copy of his/her appraisal report. The employee's signature on this appraisal report is an acknowledgement of receipt of the rating and in no way implies that he/she is in agreement with the narrative summary and/or rating.			
_____ Signature of Rating Official	_____ Date (mm-dd-yyyy)	_____ Signature of Employee	_____ Date (mm-dd-yyyy)
<input type="checkbox"/> The employee has not signed this appraisal report. I am, therefore, forwarding the report on, in accordance with 3 FAM 2820. The employee has been informed of this decision and has been given a copy of the appraisal report.			

**APPRAISAL FOR:**

Employee Name (Last, First, MI.)	Employee ID
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Performance Appraisal Period  
 From (mm-dd-yyyy) \_\_\_\_\_ To (mm-dd-yyyy) \_\_\_\_\_

**EMPLOYEE COMMENTS (Optional)**

**EMPLOYEE'S REQUEST FOR A HIGHER LEVEL REVIEW BY THE REVIEWING OFFICIAL**

I understand that I may request a higher level review of my appraisal report by the reviewing official.

I *do not*       *do* request a higher level review.

\_\_\_\_\_      \_\_\_\_\_  
 Signature of Employee      Date (mm-dd-yyyy)

**REVIEWING OFFICIAL'S APPROVAL OF RATING OF RECORD**

To be completed when the employee has opted for a higher level review by the reviewing official; or the employee has received a rating of "Not Successful"; or when the interim performance rating will become the rating of record. *Comments must be provided below when the rating is changed or the employee is rated "Not Successful". The Final Summary Level Determination is:*

Outstanding       Exceeds Expectations       Fully Successful       Not Successful

Reviewing Official's Comments

\_\_\_\_\_      \_\_\_\_\_  
 Signature of Reviewing Official      Date (mm-dd-yyyy)

**TECHNICAL REVIEW**

A technical review of this rating has been completed.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Printed name of Executive Director/Designate      Signature of Executive Director/Designate      Date (mm-dd-yyyy)