

**EXECUTIVE CAREER FIELD (ECF) PERFORMANCE APPRAISAL PROGRAM
VETERANS HEALTH ADMINISTRATION (VHA)**

PERFORMANCE PLAN AND APPRAISAL OF

| | | | |
|---|---|-----------------------------------|--------------|
| EMPLOYEE'S NAME <i>(Last, First, Middle Initial)</i> | | POSITION TITLE, SERIES AND NUMBER | GRADE/SALARY |
| DEPARTMENT/OFFICE | | | LOCATION |
| DATE ASSIGNED PRESENT POSITION <i>(MM/DD/YYYY)</i> | PERFORMANCE CYCLE COVERED BY THIS PERFORMANCE PLAN <i>(MM/DD/YYYY)</i> FROM TO <i>(MM/DD/YYYY)</i> | | |

SECTION A - PERFORMANCE PLAN

Identify the elements (critical, non-critical, and additional) and performance standards for the position to be rated. Critical elements (i. e., those elements which contribute towards accomplishing organizational goals and objectives and are of such importance that unacceptable performance of them would result in unacceptable performance in the position) are to be identified with an asterisk. Each position must have at least one critical element and one non-critical element. Performance standards are statements of the individual's expectations and organizational expectations or requirements established by management for each element. There are usually three to five performance standards for each element. Attach Performance Plan.

PERFORMANCE PLAN COMMUNICATED

| | | |
|-------------------|--------------------|-----------------------|
| DATE COMMUNICATED | SIGNATURE OF RATER | SIGNATURE OF EMPLOYEE |
|-------------------|--------------------|-----------------------|

CHANGES TO PERFORMANCE PLAN

Attach changes to Performance Plan. Changes may be recorded anytime during the rating period. Communication of changes must be documented.

| | | |
|-------------------|--------------------|-----------------------|
| DATE COMMUNICATED | SIGNATURE OF RATER | SIGNATURE OF EMPLOYEE |
|-------------------|--------------------|-----------------------|

SECTION B - PROGRESS REVIEW

At least one progress review is required during the appraisal year. Employee must be informed of his/her level of performance as measured against the performance plan.

A performance review was conducted and discussed, and the employee's performance as of this date:

- Is considered Fully Successful or better.
 Needs improvement to be Fully Successful or better.

| | |
|-----------------------|------|
| SIGNATURE OF RATER | DATE |
| SIGNATURE OF EMPLOYEE | DATE |

COMMENTS

SECTION D - SUMMARY RATING

TYPE OF RATING

ANNUAL RATING OF RECORD

SPECIAL RATING (Position Changes - Employee or Rater)

PERIOD COVERED BY THIS APPRAISAL

FROM

TO

NOTE: Performance Rating - Using achievement levels assigned in Section C (excluding additional elements if used) and the criteria described below, check the appropriate rating.

PERFORMANCE RATING

OUTSTANDING - Achievement levels for all elements are designated as Exceptional.

EXCELLENT - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for noncritical elements are designated as at least Fully Successful. Some, but not all, noncritical elements may be designated as Exceptional.

FULLY SUCCESSFUL - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and noncritical elements are designated as at least Fully Successful or higher.

MINIMALLY SATISFACTORY - Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical elements is (are) designated as Unacceptable.

UNACCEPTABLE - The achievement level(s) for one (or more) critical element(s) is (are) designated as Unacceptable.

SIGNATURE OF RATER

TITLE OF RATER

DATE

SECTION E - HIGHER LEVEL APPROVAL

NOTE: Required *only* for Minimally Satisfactory and Unacceptable ratings of record.


Concur with recommended rating.

Do not concur with rating. Approve rating of: _____.

BASIS FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVING OFFICIAL

DATE

A copy of this performance appraisal was given to me. 

SIGNATURE OF EMPLOYEE

DATE

SECTION F - REQUEST FOR RECONSIDERATION

NOTE: This page is only required if the ECF employee requests reconsideration of the summary rating assigned by the rating official or approving official (if one was required). This reconsideration process must be requested by the employee in accordance with Appendix F of VA Handbook 5013, Part I.

STEP 1 (Reconsideration by rating official or approving official *(if used)*)

Concur with assigned rating.

Do not concur with assigned rating. Rating changed to: _____.

BASIS FOR RATING CHANGE

| | | |
|---|-------|------|
| SIGNATURE OF RATER <i>(Or Approving Official if used)</i> | TITLE | DATE |
| SIGNATURE OF EMPLOYEE | | DATE |

STEP 2 (Reconsideration by next higher official)

Concur with assigned rating.

Do not concur with assigned rating. Rating changed to: _____.

BASIS FOR RATING CHANGE

| | | |
|---|-------|------|
| SIGNATURE OF NEXT HIGHER LEVEL OFFICIAL | TITLE | DATE |
| SIGNATURE OF EMPLOYEE | | DATE |

ADDITIONAL SPACE, IF NEEDED