National Institutes of Health

# Senior Executive Service Performance Plan

| Employee's Name | | |
|---|---|---|
| Position Title | Series/Grade<br>- | Organization |
| Appraisal Period (From/To)<br>- | | Number of Elements |

**Plan Establishment Signatures**

| | |
|---|---|
| Rater's Signature | Date |
| Reviewer's Signature | Date |
| Employee's Signature *(indicates copy of the plan was received)* | Date |

**Progress Review**
*(Indicates that review took place. Written documentation required for element[s] where progress is less than Fully Successful.)*

| | |
|---|---|
| Rater's Signature | Date |
| Employee's Signature *(Acknowledges that review took place. Does not imply agreement.)* | Date |

**Final Rating** *(check one)*

| | | | | | |
|---|---|---|---|---|---|
| ☐ | **Fully Successful** *(rated Fully Successful on all elements)* | ☐ | **Minimally Satisfactory** *(rated Minimally Satisfactory on one or more elements)* | ☐ | **Unsatisfactory** *(rated Unsatisfactory on one or more elements)* |

**Final Rating Signatures**

| | |
|---|---|
| Rater's Signature | Date |
| Employee's Signature *(indicates copy of the rating was received. Does not imply agreement.)* | Date |

***If employee requests PRB review of this rating, check here:*** ☐

| | |
|---|---|
| Reviewer's Signature | Date |
| IC Director's Signature | Date |
| PRB Chair's Signature | Date |

National Institutes of Health

# Senior Executive Service Performance Plan

Employee's Name

| Element # _____ --Description | Element Rating *(Written justification required for rating below Fully Successful)* |
|---|---|
| | ☐ **Fully Successful**<br>☐ **Minimally Satisfactory**<br>☐ **Unsatisfactory** |

Element Standards

Comments *(Justification required for progress review and/or rating below Fully Successful, either below or attached. Other comments by rating official[s] and/or employee are optional.)*

| Element # _____ --Description | Element Rating *(Written justification required for rating below Fully Successful)* |
|---|---|
| | ☐ **Fully Successful**<br>☐ **Minimally Satisfactory**<br>☐ **Unsatisfactory** |

Element Standards

Comments *(Justification required for progress review and/or rating below Fully Successful, either below or attached. Other comments by rating official[s] and/or employee are optional.)*