US DEPARTMENT OF COMMERCE										NIEV	A /			
FORM CD-516 LF										NEV				
(6-93)		CLAS	SIFICAT	101	IVND				М	R#:				
									IP:					
PI	ERF(	ORMANC	E MANA	AGE	MENTR	ECORI	)							
☐ Performa	nce Pla	n 🗆 Performa	nce Appraisa	al 🗆	Performance	Recognitio	n 🗆 Pro	ogress Review		Posi	tion Desc	ription		
Employee's Name:														
Position Title:														
Pay Plan, Series, Gra	ide/St	tep:												
Organization:	1. [	ОС				4. NCEP	1							
	2. N	IOAA				5. Envir	onmen	tal Modeling	; Ce	ente	r (EMC)	)		
	3. N	IWS				6.								
Rating Period:														
Covered by		Senior Execu	ıtive Servi	ce				Demonstra	tio	n Pr	oject			
	Х	General Wo	rkforce					Other:						
			PART	A -	POSITION	N DESCR	IPTIO	N						
POSITION CERTIFICATION relationships and that the knowledge that this infor statements may constitu	e positi matior	on is necessary to is to be used fo	o carry out G r statutory p	Govern urpose	ment function relating to ap	ns for which opointment	I am res	oonsible. This c	erti	ificat	ion is ma	de with	the	ing
SUPERVISOR'S SIGNATUR	RE			DATI	E		SECONI	D LEVEL SUPERV	/ISC	)R				DATE
CLASSIFICATION		OFFICIAL TIT	LE:				•							
CERTIFICATION		PP:	SERIES:		FUNC:	GRAD	E:	I/A:			YES		NO	
I certify that this position published standard ap				-					ard	ls pu	blished	by the	OPM	or, if no
NAME & TITLE OF CLASSI	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			, and a	SIGNAT						1	DATE
			PAR	ТВ	- PERFOR	MANCE	PLAN							
This plan is an accurat	te stat	ement of the v	vork that w	ill be	the basis of	the emplo	yee's p	erformance a	pp	raisa	ıl.			
NAME & TITLE OF FIRST L	INE SU	PERVISOR/RATIN	NG OFFICIAL				SIGNAT	URE					1	DATE
APPROVAL – I agree	with	the certificat	ion of the	posit	ion descrip	tion and	approv	e the perforr	ma	nce	plan.			
NAME & TITLE OF APPRO	VING (	OFFICIAL OR SES	APPOINTING	AUTH	ORITY		SIGNAT	URE					١	DATE
EMPLOYEE ACKNOWLEDGMENT – My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.  SIGNATURE  DAT						DATE								
PRIVACY ACT STATEM the official personnel i ensure accurate entry	record	s system to en	sure unique	e iden	tification of	your recor	ds. The					-		

## PERFORMANCE PLAN, PROGRESS REVIEW and APPRAISAL RECORD

Employee's Name:

REVIEW and APPRAISAL RECORD						
PART I. PERFORMANCE PLAN						
A. CRITICAL ELEMENTS (LIST at least TWO but no more than FIVE) (Expand size of blocks as desired)	B. RATING (Mark One)					
1. Scientific/technical activity:	Meets or Exceeds	Does Not Meet				
2. Customer Service:  Customer Inquiries for information or services are acknowledged and answered within a timely manner and in compliance with NWS standards. Customer questions, ideas, and concerns are sought and actively listened to for improved customer service. Customer feedback is analyzed; needs and concerns are considered in making decisions, recommending solutions, and resolving conflicts. Customer expectations are communicated and managed to ensure that customers understand the type and level of service available, inquiries are routed based on level of complexity, and customers are apprised of the status of the inquiry when to expect resolution. Customer service is provided in collaboration, consultation, and partnership with colleagues and internal and external customers, which creates an environment that is welcoming, respectful, and supportive of diversity, equity, inclusion, and accessibility (DEIA) in the Department. Professional relationships and interactions with key stakeholders are maintained to advance NOAA interests.	Meets or Exceeds	Does Not Meet				
3. Project Management (PM): Follows a well-established PM approach for all activities (scientific and technical) tracked using PM tools (scope, objectives, milestones, reporting, resource monitoring) and risk mitigation strategies. Maintains competency with fundamental PM concepts, tools and techniques, and uses PM best practices to ensure successful project delivery. Updates PM tracking documents and software using tools such as NOAA VLab Redmine, Smartsheet, Google documents, and other systems. Participates in EMC, NCEP and NWS project management reviews as needed.	Meets or Exceeds	Does Not Meet				
4. Communication, Collaboration, and Outreach: Provides monthly reports on all activities, which highlight planning, tasks, and key achievements or lessons learned (no more than 1 page; can use bullets rather than narrative text). Gives presentations, as needed, in regularly-held group/team meetings or EMC project management review meetings. Engages in collaborative efforts across the group/teams, and with external stakeholders.	Meets or Exceeds	Does Not Meet				
5. Policies, Procedures, and Standards:  Adopts established coding standards and cod management procedures. Ensures that the work they have done is well documented in the repositories. If managing a repository, then ensures that the repository documentation follows established standards. If contributing to a repository then ensures that the contributions are well documented. Works effectively, using IT resources and follows applicable IT policies and procedures, including both security and appropriate use policies. Maintains a safe work environment, including keeping the work area free of known hazards. Complies with all occupational safety rules and regulations and encourages safe behavior in fellow workers. Sensitive Personally Identifiable Information and Business Identifiable Information is protected from unauthorized release, alteration, loss and deletion, and complies with security and privacy policies regarding access to computerized and paper files.	Meets or Exceeds	Does Not Meet				

PART II. PROGRESS REVIEW COMMENTS								
Date(s) of review and initials of employee and rating official must be provided for each review. A summary of comments is								
optional unless expectations are not being met.								
Employee	Date:	Rating Official	Comments	Vaa	No			
Initials:		Initials:	Attached:	Yes				
Employee	Date:	Rating Official	Comments	Vaa	No			
Initials:		Initials:	Attached:	Yes	No			
Employee	Date:	Rating Official	Comments	Vaa	No			
Initials:		Initials:	Attached:	Yes	No			
Employee	Date:	Rating Official	Comments	Vac	No			
Initials:		Initials:	Attached:	Yes	No			

	PART III. SUMMARY LEVEL						
NOTE:	NOTE: If any <i>one or more</i> of the Critical Elements in Part I above is marked "Does Not Meet" Expectations, the below Summary of Expectations must also be marked "Does Not Meet." Also, a written explanation must be attached.*						
SUMMARY	(	MEETS OR EXCEEDS	DOES NOT MEET *				
	Mark one of the following>						
Check und	Check under "Yes" column if:						
	comments or explanations are attached.*						
2. A Qualit	ry Step Increase is recommended (narrative justification attached)						

PART IV. PERFORMANCE CERTIFICATION					
(Employee's signature certifies review and discussion with the Rating Official.					
It does not necessarily mean that the employee concurs with the informa	ation on this form.)				
Rating Official Signature:	Date:				
Reviewing Official Signature:	Date:				
(If Applicable)					
Employee Signature:	Date:				

## Appendix B

		PERFORMANCE INDICATORS				
For each Performance Indicator listed below, circle the number of each Critical Element (from Part I) that is applicable, in the right column:						
I. QUALITY						
A. Knowledge of I Profession:	Field or	Maintains and demonstrates technical competence and/or experience in areas of assigned responsibility.	Al 1 2 3 4 5			
B. Accuracy and T Work:	horoughness of	Plans, organizes, and executes work logically. Anticipates and analyzes problems clearly and determines appropriate solutions. Work is correct and complete.	Al 1 2 3 4 5			
C. Soundness of Jo Decisions:	udgment and	Documents assignments carefully. Weighs alternative courses of action, considering long- and short-term implications. Makes and executes timely decisions.	Al 1 2 3 4 5			
D. Effectiveness of Written Decisions:		Presentation meets objectives, is persuasive, tactful, and appropriate to audience. Demonstrates attention, courtesy and respect for other points of view.	Al 1 2 3 4 5			
E. Timeliness in Meeting Deadlines:		Completes work in accordance with established deadlines.	(A) 1 2 3 4 5			
F. Use of Information Technology:		Work effectively uses IT resources and follows applicable IT policies and procedures including both security and appropriate use policies.	Al 1 2 3 4 5			
G. Other (Specify)	):		All 1 2 3 4 5			
II. TEAMWORK						
A. Participation:		ates in group activities, performing in a thorough and complete nicates regularly with team members. Seeks team consensus.	All 1 2 3 4 5			
B. Cooperation:	Supports team in team consensus.	itiatives. Demonstrates respect for team members. Seeks	All) 1 2 3 4 5			
C. Leadership:		gement, guidance, and direction to team members as needed. p style to fit situation.	All) 1 2 3 4 5			
D. Safety:	Maintains a safe known hazards. (encourages safe l	All 1 2 3 4 5				
E. Other (Specify):			All 1 2 3 4 5			
III. CUSTOMER SE	RVICE					
A. Quality of Serv	custome	high quality products and services to both external and internal rs. Initiates and responds to suggestions for improving service.				
		quality products and services in accordance with time es agreed upon with customer.	All) 1 2 3 4 5			
C. Courtesy: Treats e.		kternal and internal customers with courtesy and Customer satisfaction is high priority.	All 1 2 3 4 5			
D. DEIA: Provides DEIA init		effective support in advancing leadership and management atives within areas of responsibility; consistently makes work accessible; and equitably delivers programs and services	All 123 4 5			

E. Other (Specify):

aligned with DEIA principles.

All 1 2 3 4 5