

US DEPARTMENT OF COMMERCE FORM CD-516 LF (6-93)		NEW	
<b>CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD</b>		I/A:	
		MR#:	
		IP#:	
<input type="checkbox"/> Performance Plan <input type="checkbox"/> Performance Appraisal <input type="checkbox"/> Performance Recognition <input type="checkbox"/> Progress Review <input type="checkbox"/> Position Description			
Employee's Name:			
Position Title:			
Pay Plan, Series, Grade/Step:			
Organization:	1. DOC		4. NCEP
	2. NOAA		5. Environmental Modeling Center (EMC)
	3. NWS		6.
Rating Period:			
Covered by		Senior Executive Service	Demonstration Project
	X	General Workforce	Other:
<b>PART A - POSITION DESCRIPTION</b>			
<b>POSITION CERTIFICATION</b> – I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purpose relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.			
SUPERVISOR'S SIGNATURE		DATE	SECOND LEVEL SUPERVISOR
			DATE
<b>CLASSIFICATION CERTIFICATION</b>	OFFICIAL TITLE:		
	PP:	SERIES:	FUNC:
		GRADE:	I/A:
		YES	NO
I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.			
NAME & TITLE OF CLASSIFIER		SIGNATURE	DATE
<b>PART B - PERFORMANCE PLAN</b>			
<b>This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.</b>			
NAME & TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL		SIGNATURE	DATE
<b>APPROVAL</b> – I agree with the certification of the position description and approve the performance plan.			
NAME & TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY		SIGNATURE	DATE
<b>EMPLOYEE ACKNOWLEDGMENT</b> – My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.		SIGNATURE	DATE
<b>PRIVACY ACT STATEMENT</b> – Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.			

Meets or Exceeds	Does Not Meet
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PART II. PROGRESS REVIEW COMMENTS					
<i>Date(s) of review and initials of employee and rating official <u>must</u> be provided for each review. A summary of comments is optional unless expectations are not being met.</i>					
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No
Employee Initials:	Date:	Rating Official Initials:	Comments Attached:	Yes	No

PART III. SUMMARY LEVEL		
NOTE: If any <b>one or more</b> 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 *
<i>Mark one of the following ---&gt;</i>		
Check under “Yes” column if:		
1. Written comments or explanations are attached.*	YES	
2. A Quality Step Increase is recommended (narrative justification attached)		

PART IV. PERFORMANCE CERTIFICATION	
<i>(Employee’s signature certifies review and discussion with the Rating Official. It does not necessarily mean that the employee concurs with the information on this form.)</i>	
Rating Official Signature:	Date:
Reviewing Official Signature: (If Applicable)	Date:
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:		Applicable Critical Elements
<b>I. QUALITY</b>		
<b>A. Knowledge of Field or Profession:</b>	Maintains and demonstrates technical competence and/or experience in areas of assigned responsibility.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>B. Accuracy and Thoroughness of Work:</b>	Plans, organizes, and executes work logically. Anticipates and analyzes problems clearly and determines appropriate solutions. Work is correct and complete.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>C. Soundness of Judgment and Decisions:</b>	Documents assignments carefully. Weighs alternative courses of action, considering long- and short-term implications. Makes and executes timely decisions.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>D. Effectiveness of Written Decisions:</b>	Presentation meets objectives, is persuasive, tactful, and appropriate to audience. Demonstrates attention, courtesy and respect for other points of view.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>E. Timeliness in Meeting Deadlines:</b>	Completes work in accordance with established deadlines.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>F. Use of Information Technology:</b>	Work effectively uses IT resources and follows applicable IT policies and procedures including both security and appropriate use policies.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>G. Other (Specify):</b>		All 1 2 3 4 5
<b>II. TEAMWORK</b>		
<b>A. Participation:</b>	Willingly participates in group activities, performing in a thorough and complete fashion. Communicates regularly with team members. Seeks team consensus.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>B. Cooperation:</b>	Supports team initiatives. Demonstrates respect for team members. Seeks team consensus.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>C. Leadership:</b>	Provides encouragement, guidance, and direction to team members as needed. Adjusts leadership style to fit situation.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>D. Safety:</b>	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.	All 1 2 3 4 <input checked="" type="radio"/> 5
<b>E. Other (Specify):</b>		All 1 2 3 4 5
<b>III. CUSTOMER SERVICE</b>		
<b>A. Quality of Service:</b>	Delivers high quality products and services to both external and internal customers. Initiates and responds to suggestions for improving service.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>B. Timeliness of Service:</b>	Delivers quality products and services in accordance with time schedules agreed upon with customer.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>C. Courtesy:</b>	Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.	<input checked="" type="radio"/> All 1 2 3 4 5
<b>D. DEIA:</b>	Provides effective support in advancing leadership and management DEIA initiatives within areas of responsibility; consistently makes work products accessible; and equitably delivers programs and services aligned with DEIA principles.	All 1 <input checked="" type="radio"/> 2 3 4 5
<b>E. Other (Specify):</b>		All 1 2 3 4 5