

# TECHNICIAN PERFORMANCE PLAN

Employee Name		Rating Period	
		From _____	To _____
Pay Plan/Occ Series/Grade	Position Description	Organization	

## PART I – PERFORMANCE PLAN

**Performance Elements:** *(List no more than five. If a Critical Element, please check box)*

A. <input type="checkbox"/> Critical Element Organizational Goals and Objectives		OUTSTANDING
		FULLY SUCCESSFUL
		UNACCEPTABLE
B. <input type="checkbox"/> Critical Element		OUTSTANDING
		FULLY SUCCESSFUL
		UNACCEPTABLE
C. <input type="checkbox"/> Critical Element		OUTSTANDING
		FULLY SUCCESSFUL
		UNACCEPTABLE
D. <input type="checkbox"/> Critical Element		OUTSTANDING
		FULLY SUCCESSFUL
		UNACCEPTABLE
E. <input type="checkbox"/> Critical Element		OUTSTANDING
		FULLY SUCCESSFUL
		UNACCEPTABLE

### PERFORMANCE INDICATORS:

Quality:	Check Areas Which Apply
<b>1. Knowledge of Field or Profession:</b> Maintains and demonstrates technical competence and/or expertise in areas of assigned responsibility.	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Accuracy and Thoroughness of Work:</b> Plans, organizes, executes work logically. Anticipates and analyzes problems clearly and determines appropriate solutions. Work is correct and complete.	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>3. Soundness or Judgment and Decisions:</b> Assesses tasks objectively, researches and documents assignments carefully. Weighs alternative courses of action, considering long and short-term implications. Makes and executes timely decisions.	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4. Effectiveness of Written Documents:</b> Written work is clear, relevant, concise, well-organized, grammatically correct and appropriate to audience.	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>5. Effectiveness of Communications:</b> Presentation meets objectives, is persuasive, tactful, appropriate to audience. Demonstrates attention, courtesy, and respect for other points of view.	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>6. Timeliness in Meeting Deadlines:</b> Completes in accordance with established deadlines	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>7. Other (Specify)</b>	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>8. Other (Specify)</b>	ALL A B C D E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Teamwork:</b>	<b>Check Areas Which Apply</b>
<b>1. Participation.</b> Willingly participates in group activities in a thorough and complete fashion. Communicates regularly with team members. Seeks team consensus.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>2. Leadership.</b> Provides encouragement, guidance and direction to team members as needed. Adjusts style to fit situation.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>3. Cooperation.</b> Supports team initiatives. Demonstrates respect for team members, accepts the views of others and actively supports team decisions.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>4. Other (Specify)</b>	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]

<b>Customer Service:</b>	<b>Check Areas Which Apply</b>
<b>1. Quality of Service.</b> Delivers high quality products and services to both external and internal customers. Initiates and responds to suggestions for improving service.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>2. Timeliness of Service.</b> Delivers quality products and services in accordance with time schedules agreed upon with customers and appropriate guidance.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>3. Courtesy.</b> Treats external and internal customers with courtesy and respect. Customer satisfaction is high priority.	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]
<b>4. Other (Specify)</b>	ALL A B C D E [ ] [ ] [ ] [ ] [ ] [ ]

### PART II – PROGRESS REVIEW

**Date of review and signature of employee and Rating Official. (Semi-annual review required). This does not replace the requirement to record on NGB 904-1.**

Date	Employee's Signature	Rating Official's Signature
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### PART IIA TRIAL/PROBATIONARY REVIEW

Recommend Retention       Recommend Non-Retention *(Comments are required in Part VII to support Non-Retention)*

Employee Signature	Date	Rating Official's Signature	Date
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### PART III – SUMMARY RATING

**OUTSTANDING**  
*(Requires Summary for basis of rating)*

**FULLY SUCCESSFUL**

**UNACCEPTABLE**  
*(Requires Summary for basis of rating)*

**Space is provided to summarize the basis for rating given. Comments must be measurable and must justify the rating.**

## PART IV - DEVELOPMENT

EMPLOYEE GOALS FOR THE NEXT REVIEW PERIOD:	TARGET DATE
1.	
2.	
<b>PERSONAL CAREER GOALS:</b>	
What contributes to your success?	
What obstacles get in the way of doing your job?	
Other:	

## PART V – EMPLOYEE FEEDBACK

Please answer the questions by checking the appropriate box. Feel free to comment on any subject. An Outstanding or Unacceptable check requires a written reason in the comments block.

Questions	OUTSTANDING	FULLY SUCCESSFUL	UNACCEPTABLE
Are you provided the appropriate tools and materials you require to perform your job?			
Are new tasks clearly defined?			
Are you told when you are doing a good job?			

Employee Comments

## PART VI – CERTIFICATION

Employee's signature certifies review and discussion of the performance plan with the rating official

Employee's signature does not necessarily mean that the employee concurs with the summary rating on this form

**Performance Plan**  
*(Sign when plan is established)*

**Summary Rating**  
*(Sign when rating is completed)*

Employee	Date	Employee	Date
Rating Official	Date	Rating Official	Date
Approving Official	Date	Approving Official	Date

**PART VII - REMARKS**