AFGE Bargaining Unit Work Plan and Performance Rating

U.S. Department of Housing and Urban Development



| Employee Name | | | Social Security Number | | Organizational Segment | | Organizational Code | |
|--------------------------------------|---|--|--|--------------------------------------|------------------------|--------------------|---------------------|--|
| Position Title | | | | Dates of Appraisal Period From To | | Date Rating Made | | |
| GS (General Schedule) | | ☐ WG (Wage Grade) | | □ Other | | | | |
| Rating Official | Signature and Date | | | Employee | - | Signature and Date | | |
| Reviewing Official | Signature and Date | NOTE: Employee Signature indicates only that the rating has been discussed with the employee and does not signify agreement or disagreement with the rating. | | | | | | |
| Element Ratings Critical Element No. | Outstanding | Satisfactory | Unsatisfactory | Element Ratings Critical Element No. | Outstanding | Satisfactory | Unsatisfactory | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Overall Rating | verall Rating Outstanding Satisfactory Unsatisfa | | NOTE: Ratings changed by Reviewing officials must be justified in writing. | | | | | |
| Employee Comme | nts | | | | | | | |