

CIVILIAN PERFORMANCE PLAN

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 8013 and Executive Order 9397
Purpose: The social security number is needed to correctly identify the employee.
Routine Use: This information may be disclosed to another agency if the employee transfers to another agency.
Disclosure is Voluntary: However, without it, it may affect the ability to accurately identify the employee and the records.

EMPLOYEE'S NAME (<i>Last, First, Middle Initial</i>)	SSN	PAY PLAN	SERIES	GRADE
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POSITION TITLE	ORGANIZATION
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Performance plans define expectations for employees based on position requirements. They may be written as part of a core personnel document (*CPD*) or standard core personnel document (*SCPD*) and may be tailored at local discretion to meet mission needs, provided the changes do not impact the classification (*pay plan, title, series, grade*) of the position. This form, the AF Form 860, may also be used to record performance plans not covered by a CPD/SCPD. The performance plan is a result of a thorough review of position requirements and any oral or written input from the employee.

At least one critical element addressing individual performance must be included in the performance plan, but more may be necessary (*normally not more than 7*).

Performance standard(s) must be developed for each performance element, defining at least acceptable performance. They may address characteristics of performance such as quality, quantity, timeliness or work behaviors.

Include the performance elements and standards in Part I. If more room is needed, use a separate sheet. Once the plan is approved by the reviewing official, the rating official should discuss performance elements and standards contained in the plan with the employee. Provide the employee a copy of the plan. This form is retained for four years.

I. PERFORMANCE PLAN

EMPLOYEE'S NAME (<i>last, First, Middle Initial</i>)		SSN	PAY PLAN	SERIES	GRADE
II. PERFORMANCE PLAN CERTIFICATION					
The following signature blocks should be signed at the beginning of each appraisal period, within 30 days of the employee's assignment, or upon any formal change to this plan.					
NAME , GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (<i>Supervisor</i>)			PHONE #	DATE (YYYYMMDD)	
APPRAISAL PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL		DATE (YYYYMMDD)	
FROM	TO	SIGNATURE OF EMPLOYEE (<i>Receipt acknowledged. Signature does not indicate agreement or disagreement.</i>)		DATE (YYYYMMDD)	
NAME , GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (<i>Supervisor</i>)			PHONE #	DATE (YYYYMMDD)	
APPRAISAL PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL		DATE (YYYYMMDD)	
FROM	TO	SIGNATURE OF EMPLOYEE (<i>Receipt acknowledged. Signature does not indicate agreement or disagreement.</i>)		DATE (YYYYMMDD)	
NAME , GRADE, DUTY TITLE, AND SIGNATURE OF RATING OFFICIAL (<i>Supervisor</i>)			PHONE #	DATE (YYYYMMDD)	
APPRAISAL PERIOD		NAME, GRADE, DUTY TITLE AND SIGNATURE OF REVIEWING OFFICIAL		DATE (YYYYMMDD)	
FROM	TO	SIGNATURE OF EMPLOYEE (<i>Receipt acknowledged. Signature does not indicate agreement or disagreement.</i>)		DATE (YYYYMMDD)	