



RESPONSE TO FREEDOM OF INFORMATION ACT (FOIA) / PRIVACY ACT (PA) REQUEST

2014-0260

2

RESPONSE TYPE FINAL PARTIAL

REQUESTER
Cheryl McCrary

DATE
JUL 29 2014

PART I. -- INFORMATION RELEASED

- No additional agency records subject to the request have been located.
- Requested records are available through another public distribution program. See Comments section.
- Agency records subject to the request that are identified in the specified group are already available for public inspection and copying at the NRC Public Document Room.
- Agency records subject to the request that are contained in the specified group are being made available for public inspection and copying at the NRC Public Document Room.
- Agency records subject to the request are enclosed.
- Records subject to the request that contain information originated by or of interest to another Federal agency have been referred to that agency (see comments section) for a disclosure determination and direct response to you.
- We are continuing to process your request.
- See Comments.

PART I.A -- FEES

- AMOUNT* \$
- * See comments for details
- You will be billed by NRC for the amount listed.
 - None. Minimum fee threshold not met.
 - You will receive a refund for the amount listed.
 - Fees waived.

PART I.B -- INFORMATION NOT LOCATED OR WITHHELD FROM DISCLOSURE

- No agency records subject to the request have been located. For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. See 5 U.S.C. § 552(c) (2006 & Supp. IV (2010)). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.
- Certain information in the requested records is being withheld from disclosure pursuant to the exemptions described in and for the reasons stated in Part II.
- This determination may be appealed within 30 days by writing to the FOIA/PA Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. Clearly state on the envelope and in the letter that it is a "FOIA/PA Appeal."

PART I.C COMMENTS (Use attached Comments continuation page if required)

The incoming FOIA request will be available in ADAMS at ML14147A191.

Records with an ML accession number are available in the NRC Library at www.nrc.gov/reading-rm/adams.html. For assistance in obtaining any public records, please contact the NRC's Public Document Room (PDR) at 1-800-397-4209 or by e-mail at PDR.Resource@nrc.gov.

| | | | | | |
|--|----------------|--|--|--|--|
| SIGNATURE - FREEDOM OF INFORMATION ACT AND PRIVACY ACT OFFICER Nina Argent (Acting) <i>AS</i> | | DISTRIBUTION--FOIA/PA Subject, Action Officer, FOIA/PA Officer, Other (Specify) FOIA, OCHCO, Online ADAMS | | | |
| OFFICE | ACTION OFFICER | FOIA/PA OFFICER | | | |
| NAME | Mark H. Graff | NArgent <i>NArgent</i> | | | |
| DATE | 7/28/14 | 7/28/14 | | | |



RESPONSE TO FREEDOM OF INFORMATION ACT (FOIA) / PRIVACY ACT (PA) REQUEST

DATE

JUL 29 2014

PART II.A -- APPLICABLE EXEMPTIONS

GROUP

B

Records subject to the request that are contained in the specified group are being withheld in their entirety or in part under the Exemption No.(s) of the PA and/or the FOIA as indicated below (5 U.S.C. 552a and/or 5 U.S.C. 552(b)).

- Exemption 1: The withheld information is properly classified pursuant to Executive Order 12958.
- Exemption 2: The withheld information relates solely to the internal personnel rules and practices of NRC.
- Exemption 3: The withheld information is specifically exempted from public disclosure by statute indicated.
 - Sections 141-145 of the Atomic Energy Act, which prohibits the disclosure of Restricted Data or Formerly Restricted Data (42 U.S.C. 2161-2165).
 - Section 147 of the Atomic Energy Act, which prohibits the disclosure of Unclassified Safeguards Information (42 U.S.C. 2167).
 - 41 U.S.C., Section 4702(b), prohibits the disclosure of contractor proposals in the possession and control of an executive agency to any person under section 552 of Title 5, U.S.C. (the FOIA), except when incorporated into the contract between the agency and the submitter of the proposal.
- Exemption 4: The withheld information is a trade secret or commercial or financial information that is being withheld for the reason(s) indicated.
 - The information is considered to be confidential business (proprietary) information.
 - The information is considered to be proprietary because it concerns a licensee's or applicant's physical protection or material control and accounting program for special nuclear material pursuant to 10 CFR 2.390(d)(1).
 - The information was submitted by a foreign source and received in confidence pursuant to 10 CFR 2.390(d)(2).
 - Disclosure will harm an identifiable private or governmental interest.
- Exemption 5: The withheld information consists of interagency or intraagency records that are not available through discovery during litigation. Applicable privileges:
 - Deliberative process: Disclosure of predecisional information would tend to inhibit the open and frank exchange of ideas essential to the deliberative process. Where records are withheld in their entirety, the facts are inextricably intertwined with the predecisional information. There also are no reasonably segregable factual portions because the release of the facts would permit an indirect inquiry into the predecisional process of the agency.
 - Attorney work-product privilege. (Documents prepared by an attorney in contemplation of litigation)
 - Attorney-client privilege. (Confidential communications between an attorney and his/her client)
- Exemption 6: The withheld information is exempted from public disclosure because its disclosure would result in a clearly unwarranted invasion of personal privacy.
- Exemption 7: The withheld information consists of records compiled for law enforcement purposes and is being withheld for the reason(s) indicated.
 - (A) Disclosure could reasonably be expected to interfere with an enforcement proceeding (e.g., it would reveal the scope, direction, and focus of enforcement efforts, and thus could possibly allow recipients to take action to shield potential wrong doing or a violation of NRC requirements from investigators).
 - (C) Disclosure could constitute an unwarranted invasion of personal privacy.
 - (D) The information consists of names of individuals and other information the disclosure of which could reasonably be expected to reveal identities of confidential sources.
 - (E) Disclosure would reveal techniques and procedures for law enforcement investigations or prosecutions, or guidelines that could reasonably be expected to risk circumvention of the law.
 - (F) Disclosure could reasonably be expected to endanger the life or physical safety of an individual.
- OTHER (Specify)

PART II.B -- DENYING OFFICIALS

Pursuant to 10 CFR 9.25(g), 9.25(h), and/or 9.65(b) of the U.S. Nuclear Regulatory Commission regulations, it has been determined that the information withheld is exempt from production or disclosure, and that its production or disclosure is contrary to the public interest. The person responsible for the denial are those officials identified below as denying officials and the FOIA/PA Officer for any denials that may be appealed to the Executive Director for Operations (EDO).

| DENYING OFFICIAL | TITLE/OFFICE | RECORDS DENIED | APPELLATE OFFICIAL | | |
|------------------|------------------------------------|----------------------|-------------------------------------|--------------------------|--------------------------|
| | | | EDO | SECY | IG |
| Miriam Cohen | Chief Human Capital Officer, OCHCO | SES Appraisal Review | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appeal must be made in writing within 30 days of receipt of this response. Appeals should be mailed to the FOIA/Privacy Act Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, for action by the appropriate appellate official(s). You should clearly state on the envelope and letter that it is a "FOIA/PA Appeal."

**RESPONSE TO FREEDOM OF
INFORMATION ACT (FOIA) / PRIVACY
ACT (PA) REQUEST**

2014-0260

2

RESPONSE
TYPE

FINAL

PARTIAL

REQUESTER

Cheryl McCrary

DATE

JUL 29 2014

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PART I.A -- FEES

AMOUNT*

\$

You will be billed by NRC for the amount listed.

None. Minimum fee threshold not met.

* See comments for details

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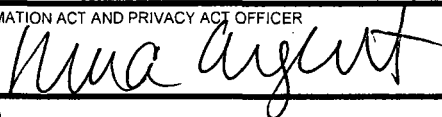
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SIGNATURE - FREEDOM OF INFORMATION ACT AND PRIVACY ACT OFFICER

Nina Argent (Acting)





RESPONSE TO FREEDOM OF INFORMATION ACT (FOIA) / PRIVACY ACT (PA) REQUEST

DATE

JUL 29 2014

PART II.A -- APPLICABLE EXEMPTIONS

GROUP
B

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 - (A) Disclosure could reasonably be expected to interfere with an enforcement proceeding (e.g., it would reveal the scope, direction, and focus of enforcement efforts, and thus could possibly allow recipients to take action to shield potential wrong doing or a violation of NRC requirements from investigators).
 - (C) Disclosure could constitute an unwarranted invasion of personal privacy.
 - (D) The information consists of names of individuals and other information the disclosure of which could reasonably be expected to reveal identities of confidential sources.
 - (E) Disclosure would reveal techniques and procedures for law enforcement investigations or prosecutions, or guidelines that could reasonably be expected to risk circumvention of the law.
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| DENYING OFFICIAL | TITLE/OFFICE | RECORDS DENIED | APPELLATE OFFICIAL | | |
|------------------|------------------------------------|----------------------|-------------------------------------|--------------------------|--------------------------|
| | | | EDO | SECY | IG |
| Miriam Cohen | Chief Human Capital Officer, OCHCO | SES Appraisal Review | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appeal must be made in writing within 30 days of receipt of this response. Appeals should be mailed to the FOIA/Privacy Act Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, for action by the appropriate appellate official(s). You should clearly state on the envelope and letter that it is a "FOIA/PA Appeal."

Case No.: 2014-0260

Date Rec'd: 5/27/14

S/27/14

FOIA Resource

From: Cheryl L. McCrary <nobody@www.nrc.gov>
Sent: Monday, May 26, 2014 12:37 PM
To: FOIA Resource
Subject: WWW Form Submission

Below is the result of your feedback form. It was submitted by

Cheryl L. McCrary () on Monday, May 26, 2014 at 12:37:02

through the IP (b)(6)

using the form at <http://www.nrc.gov/reading-rm/foia/foia-submittal-form.html>

and resulted in this email to foia.resource@nrc.gov

Company/Affiliation:

Address1: (b)(6)

Address2:

City (b)(6)

State: ---

Zip (b)(6)

Country: United_States

Country-Other: United States

Email (b)(6)

Phone (b)(6)

Desc: Requested are "preliminary ratings" and "preliminary ranking" for SES A, B and C Group NRC executives for performance years 2009-2013. Ratings and rankings would have different dates. Specifically, there is a document titled "2013 SES Appraisal Review" which contains sheets with rankings and ratings sorted by pay group, and summary ratings/scores. Please provide this document for each of the requested performance years. These documents contain the ranking and the rating for the requested performance years. Also please provide final rating and summary rating for SES Performance for C Group for performance years 2009 - 2013. Also, please provide narrative ratings of for performance years for A, B and C group executives for 2009-2013 performance years (completed pages 13, 14, 17 and 18 of the SES Performance Plan/Appraisals).

FeeCategory: Personal_Noncommercial

MediaType:

MediaType_Other: on

MediaType_Other_Description: Review for comparison and compliance

Expedite_ImminentThreatText:

Expedite_UrgencyToInformText:

Waiver_Purpose: For review and comparison for compliance with applicable EEOC and non-discrimination laws.

Waiver_ExtentToExtractAnalyze: Will extract applicable race, gender and age information to analyze with additional information.

Waiver_SpecificActivityQuals: As an SES, Federal criminal investigator, and knowledgeable of applicable laws and standards. Information will contribute to the public understanding of whether applicable non-discrimination laws are being followed at the NRC.

Waiver_ImpactPublicUnderstanding: Prior to disclosure, the public may not be aware of how NRC appraises and awards its executives, particularly those who have an investigative role in the NRC mission. Also, I have been informed that NRC executives and supervisors rank NRC employees/executives, contrary to OPM regulations. The requested documents will confirm whether this is occurring agency-wide.

Waiver_NatureOfPublic: Federal employees, Congressional representatives, and US citizens who may have an interest in the information.

Waiver_MeansOfDissemination: electronic

Waiver_FreeToPublicOrFee: No charge

Waiver_PrivateCommercialInterest: I personally have an interest in knowing whether the non-discrimination policies are being implemented fairly.

| | | | |
|------------------------|----------------------|-------------|------------|
| PROGRESS REVIEW | RATING PERIOD | FROM | TO |
| | | 10/01/2012 | 09/30/2013 |

| | |
|---|---|
| NAME (b)(6) [Redacted] (b)(6) | ORGANIZATION (Office/Division) (b)(6) [Redacted] (b)(6) |
|---|---|

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. **Leading Change:** (b)(6) [Redacted] (b)(6)

2. **Leading People:** (b)(6) [Redacted] (b)(6)

3. **Results Driven:** (b)(6) [Redacted] (b)(6)

4. **Business Acumen:** (b)(6) [Redacted] (b)(6)

5. **Building Coalitions:** (b)(6) [Redacted] (b)(6)

Comments on Progress and/or Suggested Focus Area: (b)(6) [Redacted] (b)(6)

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)


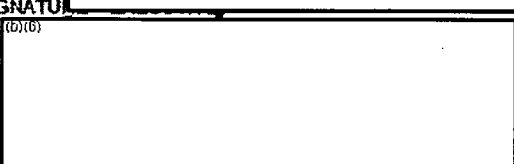
PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | | |
|------------------|--|------|---------|
| SIGNATURE (b)(6) |  | DATE | 5/13/13 |
| SIGNATURE (b)(6) |  | DATE | 4/30/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

O E ME NI U

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

3. Results Driven

Rating

Comments

O E ME NI U

(b)(6)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

5. Building Coalitions

Rating

Comments

O E ME NI U

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. *Accomplish Steps 1 through 4 in the order shown.*

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
6

2. Key Leadership Attributes

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
3

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

TOTAL POINTS
9

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6)

DATE

11/4/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

[Signature]

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

(b)(6)

(b)(6)

DATE
11/4/13

PROGRESS REVIEW

RATING PERIOD

10/01/2012

09/30/2013

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

Leading Change

1. (b)(6)

Leading People

2. (b)(6)

Results Driven

3. (b)(6)

Business Acumen

4. (b)(6)

Building Coalitions

5. (b)(6)

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

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- No change in performance expectations since establishment of performance plan.

| | | |
|---------------------------------|--------|-----------------|
| (b)(6) | (b)(6) | DATE 6/10/13 |
| SIGNATURE - EXECUTIVE (b)(6) | (b)(6) | DATE 6/10/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

10/01/2012

09/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Comments:

Rating

O E ME NI U

(b)(6)

2. Leading People

Comments:

Rating

O E ME NI U

(b)(6)

3. Results Driven

Comments:

Rating

O E ME NI U

(b)(6)

4. Business Acumen

Comments:

Rating

O E ME NI U

(b)(6)

5. Building Coalitions

Comments:

Rating

O E ME NI U

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expectations | Needs Improvement | Unsatisfactory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
6

2. Key Leadership Attributes

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expectations | Needs Improvement | Unsatisfactory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
4

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

TOTAL POINTS
10

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expectations | Needs Improvement | Unsatisfactory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6)

DATE

11/6/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

(b)(6)

DATE

11/6/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

| PROGRESS REVIEW | | RATING PERIOD | FROM | TO |
|---|--------------------------------|---------------|-----------|-----------|
| | | | 10/1/2012 | 9/30/2013 |
| NAME | ORGANIZATION (Office/Division) | | | |
| (b)(6) | (b)(6) | (b)(6) | (b)(6) | (b)(6) |
| <p>Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.</p> | | | | |
| KEY LEADERSHIP ATTRIBUTES | | | | |
| 1. Leading Change | | | | |
| 2. Leading People | | | | |
| 3. Results Driven | | | | |
| 4. Business Acumen | | | | |
| 5. Building Coalitions | | | | |
| Comments on Progress and/or Suggested Focus Area | | | | |

| | | | |
|---|----------------------|-------------|-----------|
| ANNUAL SUMMARY RATING | RATING PERIOD | FROM | TO |
| Element II - Key Leadership Attributes | | 10/1/2012 | 9/30/2013 |

| | |
|--------------------------|---------------------------------------|
| NAME OF EXECUTIVE | ORGANIZATION (Office/Division) |
| (b)(6) | (b)(6) |

Key Leadership Attributes

1. Leading Change

Comments

(b)(6)

Rating
 O E ME NI U

2. Leading People

Comments

(b)(6)

Rating
 O E ME NI U

3. Results Driven

Comments

(b)(6)

Rating
 O E ME NI U

4. Business Acumen

Comments

(b)(6)

Rating
 O E ME NI U

5. Building Coalitions

Comments

(b)(6)

Rating
 O E ME NI U

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/1/2012

TO
9/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Key Leadership Attributes

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 10 |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 8.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points | | | | |

SIGNATURE - EXECUTIVE

(b)(6) [Redacted Signature]

DATE

01/12/14

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For Assistance to Improve

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted Name] (b)(6)

(b)(6) [Redacted Name]

DATE
1/15/14

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

| | | | |
|------------------------|---------------|-----------------|---------------|
| PROGRESS REVIEW | RATING PERIOD | FROM 10/1/12 | TO 8/24/13 |
|------------------------|---------------|-----------------|---------------|

| | |
|----------------------------------|--|
| NAME (b)(6) [Redacted] (b)(6) | ORGANIZATION (Office/Division) (b)(6) [Redacted] (b)(6) |
|----------------------------------|--|

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

- KEY LEADERSHIP ATTRIBUTES**
1. Leading Change –Exceeds Expectations
 2. Leading People –Exceeds Expectations
 3. Results Driven –Exceeds Expectations
 4. Business Acumen –Exceeds Expectations
 5. Building Coalitions –Exceeds Expectations

Comments on Progress and/or Suggested Focus Area

(b)(6) [Redacted]

Copy

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | |
|---|-------------------|
| SIGNATURE - RATING OFFICIAL (b)(6) [Redacted Signature] (b)(6) | DATE 4/23/2013 |
| (b)(6) [Redacted Signature] | DATE 4/23/2013 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM

10/1/12

TO

8/24/13

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Comments

Rating

O E ME NI U

(b)(6)

(b)(6)

2. Leading People

Comments

Rating

O E ME NI U

(b)(6)

(b)(6)

3. Results Driven

Comments

Rating

O E ME NI U

(b)(6)

(b)(6)

4. Business Acumen

Comments

Rating

O E ME NI U

(b)(6)

(b)(6)

5. Building Coalitions

Comments

Rating

O E ME NI U

(b)(6)

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM

10/1/12

TO

8/24/13

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Key Leadership Attributes

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTAL POINTS | | | | |
| 10 | | | | |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6)

DATE

10/31/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For Assistance to Improve

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

SI

(b)(6)

(b)(6)

DATE

10-31-13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM
11/04/12

TO
9/30/13

NAME

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. **Leading Change** **Leading Change** (b)(6)

2. **Leading People** (b)(6)

3. **Results Driven** (b)(6)

4. **Business Acumen** (b)(6)

5. **Building Coalitions** (b)(6)

Comments on Progress and/or Suggested Focus Area

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 11/04/12

TO 9/30/13

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

O E ME NI U

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

(Continued on next page)

3. Results Driven

Rating

Comments

O E ME NI U

(b)(6)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

(Continued on next page)

5. Building Coalitions

Rating

Comments

O E ME NI U

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

Name of Executive: (b)(6) (Rating Period: 11/4/12 to 9/30/13)

KLA 2 - Leading People (Continued)

(b)(6)

1/13

KLA 4 - Business Acumen (Continued)

(b)(6)

1/13

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
11/04/12

TO
9/30/13

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Key Leadership Attributes

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 9 |

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6) [Redacted Signature]

DATE

12/8/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted] (b)(6)

DATE
12/9/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

PROGRESS REVIEW

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

- 1. **Leading Change: Exceeds Expectations**
- 2. **Leading People: Exceeds Expectations**
- 3. **Results Driven: Exceeds Expectations**
- 4. **Business Acumen: Meets to Exceeds Expectations**
- 5. **Building Coalitions: Exceeds Expectations**

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | |
|--|----------------|
| SIGNATURE - RATING OFFICIAL <small>(b)(6)</small> | DATE 5/1/13 |
| SIGNATURE - EXECUTIVE <small>(b)(6)</small> | DATE 5-1-13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments:

O E ME NI U

(b)(6)

(b)(6)

2. Leading People

Rating

Comments:

O E ME NI U

(b)(6)

(b)(6)

3. Results Driven

Rating

Comments:

O E ME NI U

(b)(6)

(b)(6)

4. Business Acumen

Rating

Comments:

O E ME NI U

(b)(6)

(b)(6)

5. Building Coalitions

Rating

Comments:

O E ME NI U

(b)(6)

(b)(6)

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Key Leadership Attributes

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 9 |

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9-10 | 8.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6)

DATE

10-28-13

Recommended for Pay Change

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended for Award

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended For

| | | |
|--------------------------|--------------------------|--------------------------|
| Reassignment | Assistance to Improve | Removal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

SIGNATURE - RATING OFFICIAL

(b)(6)

(b)(6)

DATE

10/28/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

Executive Core Qualifications

Leading Change - (b)(6)

(b)(6)

1.

(b)(6)

Leading People - (b)(6)

(b)(6)

2.

(b)(6)

Results Driven - (b)(6)

(b)(6)

3.

(b)(6)

Business Acumen - (b)(6)

(b)(6)

4.

(b)(6)

Building Coalitions - (b)(6)

(b)(6)

5.

(b)(6)

Comments on Progress and/or Suggested Focus Area

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

Element II - Executive Core Qualifications

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted]

(b)(6)

(b)(6) [Redacted]

(b)(6)

Executive Core Qualifications

1. Leading Change

Rating

Comments

NO E ME NI U

(b)(6) [Redacted]

(b)(6)

2. Leading People

Rating

Comments

NO E ME NI U

(b)(6) [Redacted]

(b)(6)

3. Results Driven

Rating

Comments

O X E ME NI U

(b)(6) [Redacted]

(b)(6)

4. Business Acumen

Rating

Comments

O X E ME NI U

(b)(6) [Redacted]

(b)(6)

5. Building Coalitions

Rating

Comments

O X E ME NI U

(b)(6) [Redacted]

(b)(6)

Overall Rating for Element II Executive Core Qualifications:

O X E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME OF EXECUTIVE

(b)(6) [Redacted] (b)(6)

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Executive Core Qualifications element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Executive Core Qualifications

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 9 |

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6) [Redacted Signature]

DATE

10/17/2012

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended for

Reassignment: Assistance to Improve: Removal:

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted] (b)(6)

SIGNATURE

(b)(6) [Redacted Signature]

DATE

11/6/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

| | | | |
|------------------------|---------------|------------|------------|
| PROGRESS REVIEW | RATING PERIOD | FROM | TO |
| | | 10/01/2012 | 09/30/2013 |

| | |
|----------------|--|
| NAME (b)(6) | ORGANIZATION (Office/Division) (b)(6) |
|----------------|--|

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. **Leading Change** - (b)(6)
2. **Leading People** - (b)(6)
3. **Results Driven** - (b)(6)
4. **Business Acumen** - (b)(6)
5. **Building Coalitions** - (b)(6)

Comments on Progress and/or Suggested Focus Area

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

Element II – Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Comments

Rating

O E ME NI U

(b)(6)

2. Leading People

Comments

Rating

O E ME NI U

(b)(6)

3. Results Driven

Comments

Rating

O E ME NI U

(b)(6)

4. Business Acumen

Comments

Rating

O E ME NI U

(b)(6)

5. Building Coalitions

Comments

Rating

O E ME NI U

(b)(6)

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

Step 2. Executive

1. Key Programmatic Objectives

2. Key Leadership Attributes

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

POINT VALUE
4.5

POINT VALUE
4

Initial Summary Rating

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(b)(6)

DATE

10-29-13

Add points from 1. and 2. above

TOTAL POINTS
8.5

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

Recommended for Pay Change

Recommended for Award

Recommended For

(Attach comments if desired.)

Yes No

Yes No

Reassignment Assistance to Improve Removal

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

I REQUEST AN INDEPENDENT REVIEW

DO NOT REQUEST AN INDEPENDENT

(b)(6)

(b)(6)

DATE

10-29-13

PROGRESS REVIEW

RATING PERIOD

FROM

10/1/2012

TO

9/30/2013

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

- 1. Leading Change –
- 2. Leading People –
- 3. Results Driven –
- 4. Business Acumen –
- 5. Building Coalitions –

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | |
|---------------------------------------|--------|----------------|
| SIGNATURE - RATING OFFICIAL (b)(6) | (b)(6) | DATE 5-2-13 |
| SIGNATURE - EXECUTIVE (b)(6) | (b)(6) | DATE 5/2/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/1/2012

TO 9/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(S)(U)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

(S)(U)

3. Results Driven

Rating

Comments

O E ME NI U

(b)(6)

(S)(U)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

(S)(U)

5. Building Coalitions

Rating

Comments

O E ME NI U

(b)(6)

(S)(U)

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/1/2012

TO
9/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.5 | | | | |

2. Key Leadership Attributes

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 8.5 |

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6) [Redacted Signature]

10/30/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

DATE
10-29-13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM
10/01/12

TO
09/30/13

NAME

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

- 1. **Leading Change** (b)(6)
(b)(6)
- 2. **Leading People** (b)(6)
(b)(6)
- 3. **Results Driven** (b)(6)
(b)(6)
- 4. **Business Acumen** (b)(6)
(b)(6)
- 5. **Building Coalitions** (b)(6)
(b)(6)

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

Comments on Progress and/or Suggested Focus Area

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | | |
|---------------------------------|--------|------|---------|
| SIGNATURE RATING OFFICER (b)(6) | (b)(6) | DATE | 4/30/13 |
| SIGNATURE EXECUTIVE (b)(6) | (b)(6) | DATE | 4/30/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/12

TO 09/30/13

Element II – Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

O E ME NI U

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

3. Results Driven

Rating

Comments

O E ME NI U

(b)(6)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

5. Building Coalitions

Rating

Comments

O E ME NI U

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/12

TO
09/30/13

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

Step 2. Executive

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
4.5

2. Key Leadership Attributes

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
4.0

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

TOTAL POINTS
8.5

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs improve-ment | Unsatis-factory |
| 9-10 | 8.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6)

11/7/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

DATE
11/7/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

PROGRESS REVIEW

RATING PERIOD

FROM 10/01/12

TO 9/30/13

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. Leading Change:

2. Leading People:

3. Results Driven:

4. Business Acumen:

5. Building Coalitions:

Comments on Progress and/or Suggested Focus Area

PROGRESS REVIEW (continued)

Check the appropriate box.

Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.

Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.

No change in performance expectations since establishment of performance plan.

| | | |
|-----------------------|--------|-----------|
| SIG (b)(6) | (b)(6) | DATE |
| | | 5/20/13 |
| SIGNATURE - EXECUTIVE | (b)(6) | DATE |
| (b)(6) | | 5/20/2013 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM

10/01/2012

TO

9/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

NO E ME NI U

(b)(6)

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

3. Results Driven

Rating

Comments

NO E ME NI U

(b)(6)

(b)(6)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

5. Building Coalitions

Rating

Comments

NO E ME NI U

(b)(6)

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

NO E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM

10/01/2012

TO

9/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

Step 2. Executive

1. Key Programmatic Objectives

| | | | | |
|---|--|--|---|--|
| Out-standing 6 <input type="checkbox"/> | Excel-lent 4.5 <input checked="" type="checkbox"/> | Meets Expecta-tions 3 <input type="checkbox"/> | Needs Improve-ment 1.5 <input type="checkbox"/> | Unsatis-factory 0 <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.5 | | | | |

2. Key Leadership Attributes

| | | | | |
|--|---|--|---|--|
| Out-standing 4 <input checked="" type="checkbox"/> | Excel-lent 3 <input type="checkbox"/> | Meets Expecta-tions 2 <input type="checkbox"/> | Needs Improve-ment 1 <input type="checkbox"/> | Unsatis-factory 0 <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4 | | | | |

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| | | | | |
|--|--|--|---|--|
| Out-standing 9-10 <input type="checkbox"/> | Excel-lent 8.5-8.5 <input checked="" type="checkbox"/> | Meets Expecta-tions 4-6 <input type="checkbox"/> | Needs Improve-ment 2.5-3.5 <input type="checkbox"/> | Unsatis-factory 0 <input type="checkbox"/> |
| TOTAL POINTS | | | | |
| 8.5 | | | | |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6) [Redacted Signature]

11/5/13

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For Assistance to Improve

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted] (b)(6)

SIGN [Redacted Signature]

(b)(6)

DATE 11/5/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. **Leading Change - Exceeds expectations**
2. **Leading People - Exceeds expectations**
3. **Results Driven - Exceeds expectations**
4. **Business Acumen - Meets to exceeds expectations**
5. **Building Coalitions - Meets to exceeds expectations**

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | |
|---|--------------------|
| SIGNATURE - RATING OFFICIAL (b)(6) [Redacted Signature] (b)(6) | DATE 5/1/13 |
| SIGNATURE - EXECUTIVE (b)(6) [Redacted Signature] (b)(6) | DATE 5/1/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6) (b)(6)

ORGANIZATION (Office/Division)

(b)(6)

Key Leadership Attributes

1. Leading Change

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

2. Leading People

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

3. Results Driven

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

4. Business Acumen

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

5. Building Coalitions

Rating

Comments

O E ME NI U

(b)(6)

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) (S)(U)

(b)(6) (S)(U)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. *Accomplish Steps 1 through 4 in the order shown.*

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.5 | | | | |

2. Key Leadership Attributes

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.0 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 8.5 |

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6)

10/29/13

(S)(U)

Recommended for Pay Change

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended for Award

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended For

| | | |
|--------------------------|--------------------------|--------------------------|
| Reassignment | Assistance to Improve | Removal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) (S)(U)

SIGNATURE - RATING OFFICIAL

(b)(6) (S)(U)

DATE 10/27/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM

10/01/12

TO

09/30/13

NAME

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. Leading Change
2. Leading People
3. Results Driven
4. Business Acumen
5. Building Coalitions

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.

Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.

No change in performance expectations since establishment of performance plan.

(b)(6)

(b)(6)

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/12

TO 09/30/13

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) (b)(6)

(b)(6) (b)(6)

Key Leadership Attributes

1. Leading Change

(b)(6)

Rating: O E ME NI U

(b)(6)

2. Leading People

(b)(6)

Rating: O E ME NI U

(b)(6)

3. Results Driven

(b)(6)

Rating: O E ME NI U

(b)(6)

4. Business Acumen

(b)(6)

Rating: O E ME NI U

(b)(6)

5. Building Coalitions

(b)(6)

Rating: O E ME NI U

(b)(6)

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/12

TO
09/30/13

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) (b)(6)

(b)(6) (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.5 | | | | |

2. Key Leadership Attributes

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 7.5 |

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6)

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For Assistance to Improve

Reassignment Assistance to Improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) (b)(6)

SIGNATURE (b)(6)

DATE 10/28/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM

10/01/2013

TO

09/30/2013

NAME

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. Leading Change

(b)(6)

(b)(6)

(b)(6)

2. Leading People

(b)(6)

(b)(6)

(b)(6)

3. Results Driven

(b)(6)

(b)(6)

(b)(6)

4. Business Acumen

(b)(6)

(b)(6)

(b)(6)

5. Building Coalitions (b)(6)

(b)(6)

(b)(6)

Comments on Progress and/or Suggested Focus Area



PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | |
|--|------------------------|
| SIGNATURE - RATING OFFICIAL (b)(6)  (b)(6) | DATE 5-9-13 |
| SIGNATURE - EXECUTIVE (b)(6)  (b)(6) | DATE 5-10-13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 9/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Key Leadership Attributes

1. Leading Change

(b)(6)

Rating

O E ME NI U

(b)(6)

(b)(6)

2. Leading People

(b)(6)

Rating

O E ME NI U

(b)(6)

(b)(6)

3. Results Driven

(b)(6)

Rating

O E ME NI U

(b)(6)

(b)(6)

4. Business Acumen

(b)(6)

Rating

O E ME NI U

(b)(6)

(b)(6)

5. Building Coalitions

(b)(6)

Rating

O E ME NI U

(b)(6)

(b)(6)

Overall Rating for Element II Key Leadership Attributes:

O

E

ME

NI

U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/2012

TO
9/30/2013

NAME OF EXECUTIVE

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE

4.5

2. Key Leadership Attributes

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE

3

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

TOTAL POINTS

7.5

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

(b)(6)

DATE

10/30/13

Recommended for Pay Change

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended for Award

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended For

| | | |
|--------------------------|--------------------------|--------------------------|
| Reassignment | Assistance to Improve | Removal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

SIGNATURE - RATING OFFICIAL

(b)(6)

(b)(6)

DATE

10.29.13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

PROGRESS REVIEW

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. **Leading Change** (b)(6)
(b)(6)

2. **Leading People** (b)(6)
(b)(6)

3. **Results Driven** (b)(6)
(b)(6)

4. **Business Acumen** (b)(6)
(b)(6)

5. **Building Coalitions** (b)(6)
(b)(6)

Comments on Progress and/or Suggested Focus Area

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | |
|---------------|--------|--------------------|
| SIG (b)(6) | (b)(6) | DATE 4/29/13 |
| (b)(6) | (b)(6) | DATE 11/29/2013 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2012

TO 09/30/2013

Element II – Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6) [Redacted] (b)(6)

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

Key Leadership Attributes

1. Leading Change

Comments

Rating O E ME NI U

(b)(6) [Redacted]

2. Leading People

Comments

Rating O E ME NI U

(b)(6) [Redacted]

3. Results Driven

Comments

Rating O E ME NI U

(b)(6) [Redacted]

4. Business Acumen

Comments

Rating O E ME NI U

(b)(6) [Redacted]

5. Building Coalitions

Comments

Rating O E ME NI U

(b)(6) [Redacted]

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

1. Key Programmatic Objectives

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 6 | | | | |

2. Key Leadership Attributes

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTAL POINTS | | | | |
| 9 | | | | |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE
(b)(6) [Redacted]

DATE
11/4/2013

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For

Reassignment Assistance to improve Removal

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6) [Redacted] (b)(6)

(b)(6) [Redacted] (b)(6) DATE 11/4/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

PROGRESS REVIEW

RATING PERIOD

FROM

10/01/2012

TO

09/30/2013

NAME

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

- 1. Leading Change
- 2. Leading People
- 3. Results Driven
- 4. Business Acumen
- 5. Building Coalitions

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | |
|---|-----------------|
| SIGNATURE - RATING OFFICIAL (b)(6) [Redacted Signature] (b)(6) | DATE 4/23/13 |
| SIGNATURE - EXECUTIVE (b)(6) [Redacted Signature] (b)(6) | DATE 4/23/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM 10/01/2102

TO 09/30/2013

Element II - Key Leadership Attributes

NAME OF EXECUTIVE

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

Key Leadership Attributes

1. Leading Change

Comments

(b)(6)

Rating

O E ME NI U

2. Leading People

Comments

(b)(6)

Rating

O E ME NI U

3. Results Driven

Comments

(b)(6)

Rating

O E ME NI U

4. Business Acumen

Comments

(b)(6)

Rating

O E ME NI U

5. Building Coalitions

Comments

(b)(6)

Rating

O E ME NI U

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD

FROM
10/01/2012

TO
09/30/2013

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. **Accomplish Steps 1 through 4 in the order shown.**

Step 1. Rating Official

Step 2. Executive

1. Key Programmatic Objectives

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
6

2. Key Leadership Attributes

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POINT VALUE
3

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

TOTAL POINTS
9

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 6.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE

DATE

(b)(6)

10/25/13

Recommended for Pay Change

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended for Award

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Recommended For

| | | |
|--------------------------|--------------------------|--------------------------|
| Reassignment | Assistance to Improve | Removal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach comments if desired.)

NAME - RATING OFFICIAL

(b)(6)

(b)(6)

(b)(6)

(b)(6)

DATE

10/25/13

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT

| | | | |
|------------------------|----------------------|---------------------------|------------------------|
| PROGRESS REVIEW | RATING PERIOD | FROM 10/01/2012 | TO 9/30/2013 |
|------------------------|----------------------|---------------------------|------------------------|

| | |
|---|---|
| NAME (b)(6) [redacted] (b)(6) | ORGANIZATION (Office/Division) (b)(6) [redacted] (b)(6) |
|---|---|

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

1. Leading Change – Exceeds Expectations
2. Leading People – Exceeds Expectations
3. Results Driven – Exceeds Expectations
4. Business Acumen – Exceeds Expectations
5. Building Coalitions – Exceeds Expectations

Comments on Progress and/or Suggested Focus Area

| | |
|--------|--------|
| (b)(6) | (b)(6) |
|--------|--------|

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | |
|------------------------------------|--------|---------|
| SIGNATURE - RATING OFFICIAL (b)(6) | | DATE |
| (b)(6) | (b)(6) | 4/29/13 |
| SIGNATURE - EXECUTIVE (b)(6) | | DATE |
| (b)(6) | | 4/29/13 |

ANNUAL SUMMARY RATING
Element II – Key Leadership Attributes

RATING PERIOD

FROM
10/01/2012

TO
9/30/2013

NAME OF EXECUTIVE

(b)(6)

(b)(2)

ORGANIZATION (Office/Division)

(b)(6)

(b)(4)

Key Leadership Attributes

1. Leading Change
Comments

Rating

O E ME NI U

(b)(6)

2. Leading People
Comments

Rating

O E ME NI U

(b)(6)

3. Results Driven
Comments

Rating

O E ME NI U

(b)(6)

4. Business Acumen
Comments

Rating

O E ME NI U

(b)(6)

5. Building Coalitions
Comments

Rating

O E ME NI U

(b)(6)

Overall Rating for Element II
Key Leadership Attributes:

O E ME NI U

(b)(2)

(b)(2)

(b)(2)

(b)(2)

(b)(2)

| | | | |
|---|---------------|--------------------|-----------------|
| ANNUAL SUMMARY RATING AND SIGNATURES | RATING PERIOD | FROM 10/01/2012 | TO 9/30/2013 |
|---|---------------|--------------------|-----------------|

| | |
|--|---|
| NAME OF EXECUTIVE <small>(b)(6)</small> | ORGANIZATION (Office/Division) <small>(b)(6)</small> |
|--|---|

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. *Accomplish Steps 1 through 4 in the order shown.*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|-------------------------------------|---|---------------------------|----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------|--|-----|--|--|-----|--|---|-------------------|-----------------|---|-------------------------|----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------|--|---|--|--|---|--|--|--|--|---|
| Step 1. Rating Official | Step 2. Executive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Out-standing 6 | Excel-lent 4.5 | Meets Expecta-tions 3 | Needs Improve-ment 1.5 | Unsatis-factory 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POINT VALUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-standing 4 | Excel-lent 3 | Meets Expecta-tions 2 | Needs Improve-ment 1 | Unsatis-factory 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POINT VALUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|----------------------------|-------------------------------|-------------------------------|----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|--|--|--|--|-----|--|--|--|--|---|
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| Out-standing 9-10 | Excel-lent 6.5-8.5 | Meets Expecta-tions 4-6 | Needs Improve-ment 2.5-3.5 | Unsatis-factory 0 | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| TOTAL POINTS | | | | | | | | | | | | | | | | | | | | | |
| 7.5 | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|---|
| <p>Recommended for Pay Change</p> <p>Yes No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> | <p>Recommended for Award</p> <p>Yes No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> | <p>Recommended For</p> <p>Reassignment Assistance to Improve Removal</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><i>(Attach comments if desired.)</i></p> |
|--|---|---|---|

| | |
|--|------------------|
| NAME - RATING OFFICIAL <small>(b)(6)</small> | |
| SIGNATURE - RATING OFFICIAL <small>(b)(6)</small> | DATE 10/28/13 |

I REQUEST AN INDEPENDENT REVIEW

I DO NOT REQUEST AN INDEPENDENT REVIEW

PROGRESS REVIEW

RATING PERIOD

FROM
08/12/12

TO
09/30/13

NAME

(b)(6)

(b)(6)

ORGANIZATION (Office/Division)

(b)(6)

(b)(6)

Instructions: Discuss and provide comments on progress achieved and/or performance improvement needed in the below areas. Discuss ongoing priorities as well as the status of effectiveness and efficiency measures, execution targets, and expected results, and projects completed during the performance period to date. Focus on the priorities, objectives, and accomplishments you have been tracking and those that you have discussed with your supervising executive throughout this rating period. Additional training, other assistance, and any changes to key programmatic objectives, and/or performance requirements should be addressed.

KEY LEADERSHIP ATTRIBUTES

Leading Change:

1.

(b)(6)

Leading People:

2.

(b)(6)

Results Driven:

3.

(b)(6)

Business Acumen:

4.

(b)(6)

Building Coalitions:

5.

(b)(6)

Comments on Progress and/or Suggested Focus Area

(b)(6)

(b)(6)

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

PROGRESS REVIEW (continued)

Check the appropriate box.

- Performance, if continued, will result in at least a "Meets Expectations" rating recommendation. Comments concerning performance, including performance improvement needs, have been discussed with the executive.
- Performance, if continued, will result in less than a "Meets Expectations" rating recommendation. Specific performance deficiencies are documented in the performance plan and, as applicable, attached documentation. Deficiencies have been discussed with the executive and timely assistance discussions will be conducted at regular intervals throughout the remaining appraisal period.

Check the appropriate box.

- Performance expectations need updating. Necessary changes have been discussed with the executive and documented in the performance plan.
- No change in performance expectations since establishment of performance plan.

| | | |
|-----------------------------|--------|---------|
| SIGNATURE - RATING OFFICIAL | | DATE |
| (b)(6) | (b)(6) | 4/29/13 |
| SIGNATURE - EXECUTIVE | | DATE |
| (b)(6) | (b)(6) | 4/29/13 |

ANNUAL SUMMARY RATING

RATING PERIOD

FROM
08/12/2012

TO
09/30/2012

Element II – Key Leadership Attributes

NAME OF EXECUTIVE

ORGANIZATION (Office/Division)

(b)(6) (b)(6)

(b)(6) (b)(6)

Key Leadership Attributes

1. Leading Change

Rating

O E ME NI U

Comments

(b)(6)

(b)(6)

2. Leading People

Rating

O E ME NI U

Comments

(b)(6)

(b)(6)

3. Results Driven

Rating

O E ME NI U

Comments

(b)(6)

(b)(6)

4. Business Acumen

Rating

O E ME NI U

Comments

(b)(6)

(b)(6)

5. Building Coalitions

Rating

O E ME NI U

Comments

(b)(6)

(b)(6)

Overall Rating for Element II Key Leadership Attributes:

O E ME NI U

ANNUAL SUMMARY RATING AND SIGNATURES

RATING PERIOD FROM 08/12/2012 TO 09/30/2013

NAME OF EXECUTIVE (b)(6) ORGANIZATION (Office/Division) (b)(6)

INITIAL SUMMARY RATING

The Initial Summary Rating is derived from the points assigned to the Key Programmatic Objectives and Key Leadership Attributes element ratings. *Accomplish Steps 1 through 4 in the order shown.*

Step 1. Rating Official

1. Key Programmatic Objectives

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 6 | 4.5 | 3 | 1.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 4.5 | | | | |

2. Key Leadership Attributes

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 4 | 3 | 2 | 1 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POINT VALUE | | | | |
| 3 | | | | |

Step 2. Executive

(Complete this step and return this performance appraisal to your supervisor within 5 workdays.)

I have reviewed and discussed my performance appraisal with my supervisor. My signature does not imply that I agree with the appraisal or rating. (Return to Supervising Executive.)

Initial Summary Rating

Add points from 1. and 2. above

| |
|--------------|
| TOTAL POINTS |
| 7.5 |

| | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Out-standing | Excel-lent | Meets Expecta-tions | Needs Improve-ment | Unsatis-factory |
| 9-10 | 8.5-8.5 | 4-6 | 2.5-3.5 | 0 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Unsatisfactory rating in either element results in a summary rating of Unsatisfactory regardless of total points

SIGNATURE - EXECUTIVE DATE

(b)(6) 10/31/12

Recommended for Pay Change

Yes No

Recommended for Award

Yes No

Recommended For Assistance to Improve

Reassignment Assistance to Improve Removal

NAME - RATING OFFICIAL (b)(6)

SIGNATURE (b)(6)

DATE 10/31/13

I REQUEST AN INDEPENDENT REVIEW
 I DO NOT REQUEST AN INDEPENDENT