

**NATIONAL GUARD TECHNICIAN  
PERFORMANCE APPRAISAL**

The proponent is NGB-J1-TN. The prescribing directive is TPR 430.

EMPLOYEE NAME: \_\_\_\_\_ APPRAISAL YEAR: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF ANNUAL PERFORMANCE APPRAISAL**

**Cover Sheet:** Complete the employee's name and the appraisal year.

**PART A - Administrative Data.**

1. Appraisal Period: Enter the start date and end date for the evaluation period. Typically this is the rating cycle start and end date; however, these dates can vary. Also enter the appraisal effective date usually one day after the close of the rating cycle.
2. Employee Name: Name of the employee (last, first, middle initial).
3. Social Security Number: Enter the last four digits of the SSN.
4. Position Title: Enter the title of the employee's position as of the appraisal period start date.
5. Pay Plan/Occupational Series/Grade/Step: Enter the employee's pay plan, occupational series, grade, and step as of the appraisal period start date.
6. Organization: Enter the name of the employee's organization.
7. Adjusted Salary: Enter employee's adjusted salary as of the date this form was generated or the appraisal period end date, whichever is earlier.
8. Duty Station: Enter the duty station where the employee works.
9. PAS Code/UIC: Enter employee's PAS Code or UIC.

**PART B - Performance Appraisal Documentation.**

To be completed by all parties as appropriate to document the establishment of job objectives, interim review, closeout assessment, special purpose and annual assessment as required.

**PART C - Performance Rating.**

Rating computation based on the job objectives' optional weight, and objective rating. Used to determine the employee's final rating of record.

**PART D - Relevant Organizational Mission/Strategic Goals.**

Organizational Mission and Strategic Goals as they apply to an employee's performance.

**PART E - Job Objectives.**

List job objectives by which the employee will be evaluated during the appraisal period. Employees must have at least two ratable job objectives. Also document an employee's and rating official's written assessment of accomplishments for the interim and annual review based on the job objectives rating, and derived rating of record. **This page should be duplicated for each job objective given. Mark (x) the box to indicate type of appraisal. A form must be completed for the interim and annual assessments and closeout assessments when applicable. Complete a Special Purpose Rating when an employee receives an initial rating of record of 1 and has successfully completed a PIP and has brought the performance level to at least level 2.**

**PERFORMANCE APPRAISAL**

**PART A – ADMINISTRATIVE DATA**

1. APPRAISAL PERIOD: a. START DATE: \_\_\_\_\_ b. END DATE: \_\_\_\_\_ c. APPRAISAL EFFECTIVE DATE: \_\_\_\_\_

2. EMPLOYEE NAME (Last, First, Middle Initial): \_\_\_\_\_

3. SOCIAL SECURITY NUMBER ( Last 4 Digits)

XXX - XX - \_\_\_\_\_

4. POSITION TITLE: \_\_\_\_\_

5. PAY PLAN/OCCUPATIONAL SERIES/GRADE/STEP: \_\_\_\_\_

6. ORGANIZATION: \_\_\_\_\_

7. ADJUSTED SALARY AS OF APPRAISAL PERIOD END DATE: \_\_\_\_\_

8. DUTY STATION: \_\_\_\_\_

9. PAS CODE OR UIC: \_\_\_\_\_

**PART B – PERFORMANCE APPRAISAL DOCUMENTATION**

	PERFORMANCE PLAN	INTERIM REVIEW	ANNUAL ASSESSMENT	OTHER <input type="checkbox"/> Closeout <input type="checkbox"/> Special Purpose
<b>Employee</b> Signature: _____				
Date: (YYMMDD)				
<b>Rating Official</b> Printed Name: _____				
Signature: _____				
Date: (YYMMDD)				
Communication Method (face-to-face, telephone, other)				
<b>Higher Reviewer</b> Printed Name: _____				
Signature: _____				
Date: (YYMMDD)				

Plan Date Last Modified: \_\_\_\_\_

**PART C- PERFORMANCE RATING SUMMARY**

OBJECTIVE	WEIGHT	OBJECTIVE RATING
1	%	<input type="text"/>
2	%	<input type="text"/>
3	%	<input type="text"/>
4	%	<input type="text"/>
5	%	<input type="text"/>
6	%	<input type="text"/>
7	%	<input type="text"/>
8	%	<input type="text"/>
9	%	<input type="text"/>
10	%	<input type="text"/>

AVERAGE SCORE  
RATING OF RECORD

Note: If Weights are used, the average score is weighted.

PERFORMANCE APPRAISAL

EMPLOYEE NAME: *(Last, First, Middle Initial)* \_\_\_\_\_

APPRAISAL YEAR: \_\_\_\_\_

**PART D - RELEVANT ORGANIZATIONAL MISSION / STRATEGIC GOALS**

Empty box for organizational mission and strategic goals.

EMPLOYEE NAME: (Last, First, Middle Initial) \_\_\_\_\_

APPRAISAL YEAR: \_\_\_\_\_

**PART E - JOB OBJECTIVES (Duplicate this page for each job objective)**

JOB OBJECTIVE NO.

TITLE: (Limited to 80 Characters)

LAST MODIFIED ON:

JOB OBJECTIVE (Limited to 1,000 Characters)

WEIGHT: %

OBJECTIVE RATING:

TYPE OF ASSESSMENT:

OF

INTERIM REVIEW

ANNUAL ASSESSMENT

Closeout

Special Purpose

**EMPLOYEE SELF-ASSESSMENT (Limited to 2,000 Characters)**

**RATING OFFICIAL ASSESSMENT (Limited to 2,000 Characters)**