

**DEPARTMENT OF THE NAVY  
NAVAL MEDICAL LOGISTICS COMMAND  
PERFORMANCE PLAN**

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. SOCIAL SECURITY NUMBER
3. POSITION TITLE/SERIES/GRADE	4. ORGANIZATION/CODE

5. RATING PERIOD

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

	PERFORMANCE PLAN ESTABLISHED		PROGRESS REVIEW		SPECIAL		FINAL APPRAISAL	
	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE
RATER								
REVIEWER								
EMPLOYEE								

7. RATING OF RECORD

ACCEPTABLE                      **ALL CRITICAL ELEMENTS MUST BE RATED MET**  
 UNACCEPTABLE                      ONE OR MORE CRITICAL ELEMENTS IS RATED **NOT MET**

8. EMPLOYEE'S POSITION DESCRIPTION IS CURRENT AND ACCURATE?

YES                                       NO

9. RATER'S COMMENTS

**DEPARTMENT OF THE NAVY  
NAVAL MEDICAL LOGISTICS COMMAND  
PERFORMANCE PLAN  
ELEMENTS AND STANDARDS**

	MET	NOT MET