



PERFORMANCE RATING AND WITHIN-GRADE INCREASE CERTIFICATION

This form to be used for Bargaining Unit Members of AFSCME Local 2910.

Staff Member's Name Employee ID Division
Position Title Series, Grade, Step Rating Period

PART I - PERFORMANCE RATING (COMPLETE A OR B)

A. Based on the staff member's performance in his/her current position, the rating assigned is:

- Outstanding Excellent Satisfactory Unsatisfactory

Note: "Outstanding" and "Unsatisfactory" ratings must be approved as provided in AFSCME 2910 Contract Article 15, Section 10C and Section 10D. For "Outstanding" rating, rater must give serious consideration to recommending staff member for quality increase or incentive award as appropriate.

Supervisor's Comments (Mandatory). If more space is needed, use reverse side or attach separate sheet.

Staff Member's Signature (This is to certify that my performance has been discussed with me. This does not indicate that I agree with my evaluation. My comments, if any, are on the reverse side.) DATE

Rating Supervisor's Signature (I certify that I have discussed the staff member's performance with him/her and assigned the above rating.) DATE

Service Unit Head's Signature (Required for "Outstanding" and "Unsatisfactory" ratings only.) DATE

Director for Human Resources Services' Signature (Review for "Unsatisfactory" rating only.) DATE

B. I HAVE NOT COMPLETED THIS FORM BECAUSE: (CHECK APPROPRIATE BOX)

- Staff member has not completed 3 months in position
In warning period (See AFSCME 2910 Contract Article 15, Section 10D.)
Other (specify):

Rating Supervisor's Signature DATE

PART II - CERTIFICATION FOR WITHIN-GRADE INCREASE. IF NOT DUE, INDICATE HERE (See AFSCME 2910 Contract Article 15)

The above staff member is eligible for a within-grade increase effective Except for wage staff members, please check appropriate box, sign, and return to Human Resources Personnel Office no later than 5 working days prior to the due date. I certify that the staff member's work:

- Is of an acceptable level of competence.
Is not of an acceptable level of competence. Attach copy of staff member's form 54.

Supervisor's or Division Chief's Signature DATE

CONCURRENCE (IF LEVEL OF PERFORMANCE IS NOT ACCEPTABLE)

Division Chief's or Service Unit Head's Signature DATE

Library of Congress

**PERFORMANCE RATING AND WITHIN-GRADE INCREASE CERTIFICATION (Continued)**

Staff Member's Name	Rating Period
Supervisor's Comments (continued)	
Staff Member's Comments (Comments made are not an appeal or grievance of the rating. If staff member wishes to grieve, refer to AFSCME 2910 Contract Article 34.)	