FORM **CD-516**
(REV 07-2023) LF
DAO 202-430

U.S. DEPARTMENT OF COMMERCE

CLASSIFICATION AND
PERFORMANCE MANAGEMENT RECORD

☐ NEW

☐ I/A: _____

MR#: _____

IP#: _____

• **Performance Plan**   • **Performance Appraisal**   • **Performance Recognition**   • **Progress Review**   • **Position Description**

Employee's Name: _____

Social Security No.: _____

Position Title: _____

Pay Plan, Series, Grade/Step: _____

Organization: 1. _____   4. _____

                2. _____   5. _____

                3. _____   6. _____

Rating Period: _____

Covered By: ☐ Senior Executive Service   ☐ Other _____

              ☐ General Workforce   _____

PART A—POSITION DESCRIPTION

POSITION CERTIFICATION—I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR'S SIGNATURE	DATE	SECOND LEVEL SUPERVISOR	DATE

CLASSIFICATION CERTIFICATION	OFFICIAL TITLE:				
	PP:	SERIES:	FUNC:	GRADE:	I/A: ☐ YES ☐ NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER	SIGNATURE	DATE

PART B—PERFORMANCE PLAN

This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL	SIGNATURE	DATE

APPROVAL—I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY	SIGNATURE	DATE

EMPLOYEE ACKNOWLEDGEMENT—My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.	SIGNATURE	DATE

MASTER RECORD/INDIVIDUAL POSITION DATA

A. KEY DATA

1. FUNCTION (1) A/C/D/I/R	2. DEPT. CD/AGCY-BUR CD (4)	3. SON (4)	4. MR NO (6)	5. GRADE (2)	6. IP NO (8)

B. MASTER RECORD

1. PAY PLAN (2)	2. OCC SER (4)	3. OCC FUNC CD (2)	4. OFF TLE-PF/CD/SF (6)			5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)
			PFIX	TITLE CD	SFIX	

6. HQ/FLD CD (1) 1=HQ 2=FLD	7. SUPV CD (1) 1=SUPV SGEG 5=MGT CSRA 2=SUPV GSSG 6=LDR LGEG 3=MGR SGEG 7=TEAM LEADER 4=SUPV CSRA 8=ALL OTHERS	8. CLASS STD CD (1) X=NEW STD BLANK=N/A	9. INTERDIS CD (1) N=NO Y=INTERDIS	10. DATE CLASS (6) MO DAY YEAR

11. EARLY RET CD (1) 1=PRIMARY 3=FOREIGN SVC 2=SECONDARY BLANK=N/A	12. INACT/ACT (1) A=ACTIVE I = INACTIVE	13. DT ABOL (6) MO DAY YEAR	14. DT INACT/REACT (6) MO DAY YEAR	15. AGCY USE (10)

16. INTERDIS SERIES (40)

(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)

17. INTERDIS-PF/CD/SF (50) (32 W/ PF OR SF) (26 W/ PF AND SF)

(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)

C. INDIVIDUAL POSITION

1. FLSA (1) E=EXEMPT N=NONEXEMPT	PAY TBL (6)	2. FIN DS (1) 0=NONE 3=SF-278 4=SF-450	PROC INTG (1) Y=YES N=NO	3. POS SCHED (1) A=SCH 0=EXCEPTED B=SCH BUT NOT C=SCH A,B,C	3A. CYBER SECURITY (9)	4. POS SENS (2) 1=LOW RIS C=ADP 2=NONCRIT/SEN N=NON-ADP 3=CRIT/SENS 4=SPECIAL SENS 5=MOD RISK 6=HIGH RISK	4A. DRUG TS (1)
6. WK TITLE CD (4)	7. WK TITLE (38)						5. COMP LVL (4)

8. ORG STR CD (18)								9. VAC REV CD (1) 0=POSN ACTION B=LOWER GRADE D=DIFFERENT TITLE NO VACANCY C=HIGHER GRADE AND/OR SERIES A=NO CHANGE E=NEW POSN/FTE	9A. TELEWORK YES POSITION ELIGIBLE NO POSITION NOT ELIGIBLE
(1st)	(2nd)	(3rd)	(4th)	(5th)	(6th)	(7th)	(8th)		

9B. CODE

RW	REMOTE WORK AGREEMENT	TS	SITUATIONAL TELEWORK AGREEMENT
TF	FREQUENT ROUTINE TELEWORK AGREEMENT (3 or more days per pay period)	MW	MOBILE WORK AGREEMENT
TP	PERIODIC ROUTINE TELEWORK AGREEMENT (1-2 days per pay period)	NN	NON-TELEWORKER
		E=NEW POSN/NEW FTE	

9C. PROGRAM & PROJ MANAGEMENT JOB IDENTIFIER
1 - PROGRAM MANAGEMENT
2 - PROJECT MANAGEMENT
3 - PROGRAM AND PROJECT MANAGEMENT
4 - NOT APPLICABLE

10. TARGET GRADE (2)	11. LANG REQ (2)	12. PROJ DUTY IND (1) BLANK=N/A Y=YES	13. DUTY STATION (9) ST (2) CITY (4) CNTY (3)	14. BUS CD (4)	15. DT LST AUDIT (6) MO DAY YEAR	16. PAS IND/LEO (1) BLANK=N/A 1=PAS A=LEO	17. DATE-EST (6) MO DAY YEAR

18. GRADE BASIS IND (1) 1=REV WHEN VACANT 4=SUP/PROGRAM 7=EQUIP DEV GUIDE 2=IMPACT OF PERSON 5=RGEG 3=SUP/GSSG 6=POLICY ANAL GEG	19. DT REQUEST RECD (6) MO DAY YEAR	20. NTE DATE (6) MO DAY YEAR	21. POS ST BUD (1) Y=PERM N=OTHER

22. MAINT REV/CLASS ACT CD (2) (1ST DIGIT=ACTIVITY AND 2ND DIGIT=RESULTS)

ACTIVITY	RESULTS		
1=AUDIT (COUNTED TOWARDS MAINTENANCE REVIEW) 2=OTHER ACTIVITY	1=NO ACTION REQUIRED 2=MINOR PD CHANGE 3=NEW PD REQUIRED	4=TITLE CHANGE 5=SERIES CHANGE 6=POSN UPGRADE	7=POSN DOWNGRADE 8=NEW POSN 9=OTHER

23. DATE EMP ASGN (6) MO DAY YEAR	24. DATE ABOL (6) MO DAY YEAR	25. INACT/ACT (1) A=ACTIVE I = INACTIVE	26. DATE INACT/REACT (6) MO DAY YEAR	27. ACCTG STAT (4)	28. INTASGN SER (4)	29. AGENCY USE (8)

30. PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE	31. DATE

32. REMARKS

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