

## 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
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CLASSIFICATION CERTIFICATION	OFFICIAL TITLE:				
	PP:	SERIES:	FUNC:	GRADE:	I/A: <input type="checkbox"/> YES <input type="checkbox"/> 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
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### 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
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**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
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<b>EMPLOYEE ACKNOWLEDGEMENT</b> —My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.	SIGNATURE	DATE
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**PRIVACY ACT STATEMENT**—Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

# 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)
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## B. MASTER RECORD

1. PAY PLAN (2)	2. OCC SER (4)	3. OCC FUNC CD (2)	4. OFF TLE-PF/CD/SF (6) PFX   TITLE CD   SFX	5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)		
6. HQ/FLD CD (1)  1=HQ 2=FLD	7. SUPV CD (1)  1=SUPV SGE 2=SUPV GSSG 3=MGR SGE 4=SUPV CSRA  5=MGT CSRA 6=LDR LGEG 7=TEAM LDR 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 2=SECONDARY 3=FOREIGN SVC 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)   (6)   (6)						

## C. INDIVIDUAL POSITION

1. FLSA (1)  E=EXEMPT N=NON EXEMPT	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=NONSEN: LOW RISK 2=NONCRIT SEN: MOD RISK 3=CRIT SEN: HIGH RISK 4=SPEC SEN: HIGH RISK 5=NONSEN: MOD RISK 6=NONSEN: HIGH RISK 7=NONCRIT SEN: HIGH RISK  C=ADP N=NON-ADP		4A. DRUG TS (1)
6. WK TITLE CD (4)		7. WK TITLE (38)						5. COMP LVL (4)
8. ORG STR CD (18)  (1st)   (2nd)   (3rd)   (4th)   (5th)   (6th)   (7th)   (8th)				9. VAC REV CD (1)  0=POSN ACTION NO VACANCY A=NO CHANGE B=LOWER GRADE C=HIGHER GRADE D=DIFFERENT TITLE AND/OR SERIES			9A. TELEWORK  YES POSITION ELIGIBLE NO POSITION NOT ELIGIBLE	
9B. REMOTE AND TELEWORK AGREEMENT TYPES  RW REMOTE WORK AGREEMENT TF FREQUENT ROUTINE TELEWORK AGREEMENT (3 or more days per pay period) TP PERIODIC ROUTINE TELEWORK AGREEMENT (1-2 days per pay period)  TS SITUATIONAL TELEWORK AGREEMENT MW MOBILE WORK AGREEMENT NN NON-TELEWORKER					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 2=IMPACT OF PERSON 3=SUP/GSSG 4=SUP/PROGRAM 5=RGEG 6=POLICY ANAL GEG 7=EQUIP DEV GUIDE				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 NORMAL 1=DESK AUDIT 2=SUPVRY AUDIT 3=PAPER REVIEW 4=PME/ACTIVITY REVIEW		MAINTENANCE 5=DESK AUDIT 6=SUPVRY AUDIT 7=PAPER REVIEW 8=PANEL REVIEW		RESULTS 1=NO ACTION REQUIRED 2=MINOR PD CHANGES 3=NEW PD CHANGES 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								