

CLOSEOUT/INTERIM FORM

PART I: Close out when a supervisor or employee is departing MCB Butler

Name of Employee:
Position Title/Series Grade:
Activity:
Period Covered (MM/DD/YYYY): From: To:

Complete this form if supervisor or employee is leaving, employee changes positions, is promoted, or moves to a new activity or agency, or when the employee completes a temporary detail or promotion of 120 days or longer. In all cases, employee must have been under established performance standards for at least 90 days. Ratings are provided for all critical elements and only first level supervisor and employee signatures/dates are required.

Critical Element	Acceptable	Unacceptable
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary Rating
<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

SUPERVISOR COMMENTS:
Check applicable condition.

Supervisor leaving effective _____

Employee moving to another agency or activity effective _____

Employee moving to another position (to include details, temp promotions of 120 days or longer)
Effective _____

Signature 1st Level Supervisor

Date:

Signature Employee

Date:

PART II: Setting standards by the succeeding supervisor

(To be used only by newly assigned supervisory personnel assuming responsibility over an employee with established standards for the position occupied.)

Name of Employee:
Position Title/Series Grade:
Activity:
Period Covered (MM/DD/YYYY): From: _____ To: _____

Supervisors (1st and 2nd levels) set standards with employee. No rating is provided at this time. Employee must be under established standards for a MINIMUM of 90 days before a rating can be given.

<p>SUPERVISOR COMMENTS: Check applicable condition.</p> <p><input type="checkbox"/> Change in supervisor. Employee informed on _____ that standards remain the same.</p> <p><input type="checkbox"/> Change in supervisor. Employee informed of change(s) made to performance plan on _____</p>
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Signature, 1st Level Supervisor

Date:

Signature, 2nd Level Supervisor

Date:

Signature, Employee

Date:

ATTACH THIS FORM TO THE ORIGINAL PERFORMANCE APPRAISAL