



DEPARTMENT OF THE AIR FORCE  
51ST FORCE SUPPORT SQUADRON (PACAF)  
UNIT 2065  
APO AP 96278-2065

FEB 26 2015

MEMORANDUM FOR SUPERVISORS OF KOREAN NATIONAL (KN) EMPLOYEES

FROM: 51 FSS/FSMC

SUBJECT: KN Civilian Performance Appraisals and Awards Guidance – **SUSP: 30 APR 15**

1. The rating period for KN civilian performance appraisals will end on **31 March 2015**, with ratings and awards effective on 1 June 2015.

2. All first level supervisors must rate their KN employees either satisfactory, outstanding or unsatisfactory for the period 1 April 2014 to 31 March 2015.

a. If the employee's performance was **satisfactory** (i.e., average or as expected), do the following:

(1) Meet with the employee to discuss the satisfactory rating. Do not limit your comments to the overall rating. Address performance strengths and weaknesses. If any element is rated as marginal, please contact 51 FSS/FSMCE at 784-4434 or 8177.

(2) Document the discussion on the AF Form 971, Supervisor's Employee Brief. It is a computer generated data product kept in the "971 file", Supervisor's Record of Employee.

b. If the employee sustained his/her performance at an exceptional level, the supervisor may consider an outstanding rating. For an **outstanding rating**:

(1) Complete a USFK Form 155-E, Korean Employee Performance Appraisal (example at Atch 1). The form is available at the Labor and Employee Management Relations Section of the Civilian Personnel Office, Bldg 936, telephone 784-4434/8177, or on the Osan AB website at <http://www.51FSS.com/cpo.htm>, then click the USFK Forms under Labor & Employee Management Relations.

(2) As a minimum, all critical elements plus one other element must be rated outstanding and the rest of the elements must be rated above average: The minimum critical rating elements for nonsupervisory personnel are the quantity of work and quality of work. On the back of the form, justify each rating.

(3) **We cannot process an outstanding rating if the employee has served less than 12 months in a continuing current position.** Exceptions to the 12 months incumbency requirement include a position change resulting from application of reduction-in-force (RIF) procedures or a management directed reassignment. In these cases, both the former and the current supervisor must attest to a high level of performance in both jobs and provide written justification showing that performance was outstanding in all rating elements critical for satisfactory performance. A management directed reassignment may not be based on conduct or performance reasons.

(4) Special circumstances may sometimes require that an employee be appraised in less than 12 months. This usually occurs when an employee changes to another position including a promotion. In this case, the employee should have been in the continuing current position for at least six months.

(5) Rate the "Overall Performance" as "Outstanding." Organizations are responsible for obtaining Performance Award (PA) certificate (AF Form 2858) and preparing it for presentation to the recipients, if desired.

(6) You may further recognize outstanding performance with a Time-Off award, a cash award, or both. Supervisors may approve Time-Off awards up to 40 hours by completing and submitting a SF 52, Request for Personnel Action. Due to budget reductions this year, recommend organizations maximize the use of Time-Off awards. If you choose to nominate an employee for a cash award, called a Sustained Superior Performance Award (SSPA), you must do the following:

(a) Complete an AF Form 1001, Award Recommendation Transmittal (example at Atch 3). **The award distribution for this appraisal cycle will be distributed by separate letter to all squadron/unit commanders.**

(b) Have the second level supervisor endorse the appraisal form and concur with award recommendation.

(c) Have the award approving official (normally Unit or Sq/CC) approve the AF Form 1001.

(7) **Do not discuss the rating with the employee until it has been approved by the approving official.** Upon receipt of an approved rating:


(a) Meet with the employee to inform him/her of the rating and the reasons for it.

(b) Have the employee sign the rating form. **Send the completed original form to 51 FSS/FSMCE by 30 Apr 2015** (or earlier if you are permanently changing stations).

(b) Put a copy of the rating form and award nomination form in the employee's 971 file.





c. If the employee's performance has been **unsatisfactory**, you must discuss with the Employee Management Relations Office immediately.

3. If you have any questions or special circumstances, please call Ms. Kim, Min Kyo at 784-4434/8177.

  
KATHRYN E. HILL  
Civilian Personnel Officer

4 Attachments:

1. Example, USFK Form 155-E
2. Example, Justification for Outstanding Performance Rating
3. Example, AF Form 1001 for Cash Award
4. Example, Standard Form 52 for Time-Off Award

<b>KOREAN EMPLOYEE PERFORMANCE APPRAISAL</b> (USFK REG 690-1)				DATE 12 APR 15				
NAME HONG, KIL TONG		3014T0000		ORGANIZATION 51 FSS/FSMCE OSAN AB, KOREA				
JOB TITLE & GRADE HUMAN RESOURCES ASSISTANT, KGS-06								
<b>PERIOD OF APPRAISAL</b>				TIME ON PRESENT JOB:	TIME UNDER PRESENT SUPV:			
FROM:	1 APRIL 2014	<input checked="" type="checkbox"/>	ANNUAL	6 YEARS AND 5 MONTHS	8 MONTHS			
TO:	31 MARCH 2015	<input type="checkbox"/>	TRIAL PERIOD					
				<input type="checkbox"/>	SPECIAL			
APPRAISAL ELEMENT: Item 5 applies only to situations where English is required. Item 6 applies only to supervisory personnel.				PERFORMANCE RATING: Indicate rating by an "X" in the appropriate Box below. A. Outstanding                      C. Average                      E. Unsatisfactory B. Above Average                  D. Marginal				
				A	B	C	D	E
1. Quantity of Work (Production and timeliness)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of Work (Accuracy, avoidance of errors, etc)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cooperation (Effective relationships)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative (Originates improvements)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. English Ability (Consistent with job requirements)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Supervision and Administration				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING				<input checked="" type="checkbox"/> Outstanding	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory		
SUPERVISORS(S) EVALUATION								
EMPLOYEE'S COMMENT								
EMPLOYEE HONG, KIL TONG				SIGNATURE 			DATE 23 APR 15	
FIRST-LINE SUPERVISOR JOHN M. WASHINGTON, MSgt, USAF				SIGNATURE 			DATE 12 APR 15	
SECOND-LINE SUPERVISOR MICHAEL L. SMITH, Capt, USAF				SIGNATURE 			DATE 14 APR 15	
APPROVING OFFICIAL FOR OUTSTANDING RATING UNIT/SQ COMMANDR SIGNATURE BLOCK				SIGNATURE 			DATE 22 APR 15	

## **JUSTIFICATION FOR OUTSTANDING PERFORMANCE RATING**

**Please justify each appraisal element separately in the format below.**

**QUANTITY OF WORK** (e.g., production and timeliness): If, on the reverse side, you rated the employee “outstanding” or “above average”. In this particular element, provide written justification, preferably bullet type statements, explaining the reasons for that rating. No justification is needed for any other type of element rating. Use objective examples of work performance as much as possible.

**QUALITY OF WORK** (e.g., accuracy, avoidance of errors, etc.): Same as above.

**COOPERATION** (e.g., effective relationships): Same as above.

**INITIATIVE** (e.g., originates improvements): Same as above.

**ENGLISH ABILITY** (e.g., consistent with job requirements): Same as above.

**NOTE: Written justification for monetary awards must provide unequivocal proof of the employee’s exemplary service during the past 12 months. Facts and specifics are highly recommended.**

**AWARD RECOMMENDATION TRANSMITTAL**  
(THIS FORM MUST BE TYPED)

DATE  
20150403

1. NAME OF AWARD RECOMMENDED  
Sustained Superior Performance Award 3014T0000

2. IF GROUP AWARD, CHECK BOX

3. EMPLOYEE RECOMMENDED  
a. NAME (Last, First, Middle Initial)  
HONG, KIL TONG  
b. SSAN

4. PRESENT POSITION, TITLE, GRADE/PAYBAND, STEP AND SALARY  
Human Resources Assistant, KGS-06/04  
W 6,878 P/H

6. RECOMMENDING OFFICIAL (Name, Organization, Office Symbol, DSN, Signature and Title)  
  
"SIGNATURE"  
of  
First Level Supervisor

5. POSITION TITLE, GRADE/PAYBAND, STEP AND SALARY DURING PERIOD OF CONTRIBUTION (If other than item 4)  
  
N/A

7. ACTION ON RECOMMENDATION  
(See AFMAN 34-310 for approval authority. In the Amount or Percent Columns, show either the total amount or percent recommended on approved at each level.)

ACTION	AMOUNT	PERCENT	DATE	AUTHORIZING OFFICIAL (Show Signature and Title)
<input type="checkbox"/> APPROVED	\$000		20150419	"SIGNATURE" of Second Level Supervisor
<input type="checkbox"/> DISAPPROVED				
<input checked="" type="checkbox"/> RECOMMEND				
<input checked="" type="checkbox"/> APPROVED	\$000		20150422	"SIGNATURE" of Squadron CC or Equivalent Level
<input type="checkbox"/> DISAPPROVED				
<input type="checkbox"/> RECOMMEND				
<input type="checkbox"/> APPROVED				
<input type="checkbox"/> DISAPPROVED				
<input type="checkbox"/> RECOMMEND				
<input type="checkbox"/> APPROVED				
<input type="checkbox"/> DISAPPROVED				
<input type="checkbox"/> RECOMMEND				

8. JUSTIFICATION  
  
N/A

**NOTICE TO EMPLOYEE**  
Upon acceptance of cash awards, the use of this contribution by the United States shall not form the basis of a further claim of any nature upon the United States by you, your heirs or assigns.

# REQUEST FOR PERSONNEL ACTION

## PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Action Requested Time-Off Award - 20 hrs	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Supervisor's Name/Telephone Number	4. Proposed Effective Date 6/1/2015
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Supervisor's Signature Block & Signature	6. Action Authorized By (Typed Name, title, signature, and Concurrence Date) Second Level Supervisor's Signature Block & Signature

## PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1, Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Hong, Kil Dong	2. Social Security Number 3014T0000	3. Date of Birth 1/01/1975	4. Effective Date 6/1/2015
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### FIRST ACTION

### SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

### 7. FROM: Position Title and Number

### 15. TO: Position Title and Number

8. Pay Plan	9. Occ Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
						KGS	0203	06	4	20 hrs	
12A. Basic Pay	12B. Locality Adj	12C. Adj. Basic Pay	12D. Other Pay			20A. Basic Pay	20B. Locality Adj	20C. Adj. Basic Pay	20D. Other Pay		

### 14. Name and Location of Position's Organization

### 22. Name and Location of Position's Organization

## EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point Disability <input type="checkbox"/> 4 - 10-Point Compensable <input type="checkbox"/> 5 - 10-Point Other <input type="checkbox"/> 6 - 10-Point Compensable:30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

## POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) Osan AB, Korea		

40. AGENCY DATA	41. NEW POSITION	42. REGRADED POSITION	43. VICE	44. QUALIFICATION STANDARDS USED		
45. EDUCATIONAL LEVEL	46. YR. DEGREE ATTAINED	47. Academic Discipline	48. FUNCTIONAL CLASS	49. CITIZENSHIP <input type="checkbox"/> I-USA <input type="checkbox"/> 8-OTHER	50. Vietnam Era Vet <input type="checkbox"/> Y-YES <input type="checkbox"/> N-NO	51. SUPERVISORY STATUS

## PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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CONTINUED ON REVERSE

OVER

**PART D - Remarks by Requesting Office**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?  
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES  NO

" I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time-off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award "

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

tions with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal Service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regula-

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations.  
Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	3. Date Signed	4. Forwarding Address (Number, Street, City, State, ZIP Code)
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**PART F - Remarks for SF 50**