

APPROVED FOR RELEASE DATE:
12-Nov-2008

(b) (1)
(b) (2)
(b) (3)

~~SECRET~~
(When Filled In)

Record
by

7 FEB 1961

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL

1. NAME (Last) (First) (Middle) CARANCI John C.			2. DATE OF BIRTH 7 February 1922	3. SEX M	4. GRADE GS-11
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE Technologist		7. OFF/DIV/BR OF ASSIGNMENT	
8. CAREER STAFF STATUS			9. TYPE		
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To 1 June 59 - 31 Oct 60		SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.	
		6			4	
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Fabricates prototypes from drawings and oral description.		6				
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
		5				

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

CHARACTERISTICS	NOT APPLI-CABLE	NOT OB-SERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES							X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X		
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY		X						
SECURITY CONSCIOUS							X	
THINKS CLEARLY					X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS		X						
OTHER (Specify):							X	

VERSE SIDE

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for obtaining greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is a competent and skilled [redacted] He is a ~~good~~ ^{7 2 21 PM '61} team man and is eager to learn and perform outside ~~his field~~ when the occasion arises. He is particularly adept at work flow planning [redacted]. It is recommended he be assigned duties encompassing work flow management. It is also recommended he be given formal training in mechanical drawing and effective writing.

SECTION F CERTIFICATION AND COMMENTS

1. **BY EMPLOYEE**
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 15 Dec 1960	SIGNATURE OF EMPLOYEE Subject signed form 45a in pseudo.
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2. **BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
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IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
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DATE 15 Dec 1960	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
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3. **BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL
Concur.

DATE 15 Dec 1960	OFFICIAL TITLE OF REVIEWING OFFICIAL C/TSD	TY
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