

~~SECRET~~
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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SECTION A GENERAL

1. NAME (Last) (First) (Middle) COLLINS, Charles P.		2. DATE OF BIRTH 1916	3. SEX M	4. GRADE GS-16
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE IO-GENERAL-CH		7. OFF/DIV/BR OF ASSIGNMENT OCI	
8. CAREER STAFF STATUS			9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P. 4/5/62	11. REPORTING PERIOD From 4/1/61 - 3/31/62 To		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.	SPECIFIC DUTY NO. 5	RATING NO.	SPECIFIC DUTY NO. 6
						APPROVED FOR RELEASE DATE: DEC 2007

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.	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> RATING NO.
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SECTION D DESCRIPTION OF THE EMPLOYEE

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

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

SEE SECTION "E" ON REVERSE SIDE

~~SECRET~~

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made of employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming 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.

MAIL ROOM

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 SIGNATURE OF EMPLOYEE

2. **BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

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

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

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

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE