Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMORANDUM FOR NATIONAL GUARD TECHNICIAN AND CIVILIAN PERSONNEL POLICY DIVISION

SUBJECT: WV Update to Performance Document [Employee’s Full Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: (a) 5 CFR 430.208(i), Rating Performance

1. The update to the National Guard Employee’s performance documents is due to **(Choose only one)**

\_\_\_\_ An informal request of the employee within 60 days of higher level reviewer approval of the appraisal.

\_\_\_\_ A grievance, complaint, or other formal proceeding permitted by law or regulation that results in a final determination by appropriate authority that the rating of record must be changed or as part of a bona fide settlement of a formal proceeding

\_\_\_\_ The State determined that a rating of record was incorrectly recorded or calculated as allowed in reference a, is approved. Below is the information required to make the change in the personnel system. **OR**

\_\_\_\_ Administrative error in routing/approval and the Plan/Appraisal needs reset.

a. Appraisal Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Appraisal Period Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Appraisal Period End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Appraisal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Plan Status and Current Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. The following item(s) need(s) have been identified in error:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [explanation of what needs correction]

g. Will be corrected to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [i.e. Appraisal status, critical element rating number 1, etc.]

2. The employee was provided due process, if applicable, prior to this request.

3. The point of contact is Mrs. Meredith A. Gray, 304-561-6427, DSN-623-6427 or [meredith.a.gray.mil@mail.mil](mailto:meredith.a.gray.mil@mail.mil).

[TAG or Delegated Authority for Personnel Actions]

[To be completed by HRO Representative]

Employee Acknowledgement Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating Official Acknowledgement Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Higher Level Reviewer Acknowledgement Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_