



**U.S. Agency for International Development
ANNUAL EVALUATION FORM – SENIOR FOREIGN SERVICE**

Privacy Act Statement

Authority: 22 U.S.C Ch. 52, Foreign Service, and E.O. 9397, as amended, for the Social Security Number (SSN).

Purpose: This form is used to evaluate the performance of Senior Foreign Service employees.

Routine Uses: The personal information is used inside the Agency by authorized personnel with a need to know. The personal information will not be disclosed outside the Agency without written consent of the employee concerned, except as appropriate under any applicable routine use in the Privacy Act or in the system of records notice USAID-1 Foreign Service Personnel Records. Copies of the Privacy Act and USAID-1 are available by contacting the USAID Privacy Office at privacy@usaid.gov.

Disclosure: The personal information is provided by the employee to enable the rater to evaluate the employee's performance, and the SSN is provided to enable proper entry of this report into the employee's record. Failure to provide the required personal information may lead to mistaken identity entailing administrative complications with possible inconvenient or adverse consequences for the employee.

Confidentiality of Records: This form is an efficiency report which shall be subject to inspection only by those persons authorized by Section 604 of the Foreign Service Act, 22 U.S.C. 400

EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO
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SECTION 1 – ADMINISTRATIVE DATA

a. NAME (Last, First, MI)	b. SSN (Last 4 digits)	c. RANK	
d. POSITION AOSC TITLE	e. POSITION TITLE		
f. POST/USAID OFFICE	g. BACKSTOP		
h. CAREER STATUS (Check appropriate box)	CAREER CANDIDATE	CAREER	OTHER

SECTION 2 – AUTHENTICATION OF FINAL ANNUAL EVALUATION

a. NAME OF RATING OFFICIAL (Last, First, MI)	SIGNATURE	DATE
b. NAME OF AC CHAIRPERSON	SIGNATURE	DATE
EMPLOYEE: (Signature acknowledges receipt of evaluation, not necessarily concurrence with evaluation.)	SIGNATURE EMPLOYEE DECLINES TO SIGN	DATE

NAME (Last, First, MI)		SSN (Last 4 digits)		
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO		
SECTION 3 – ROLE IN THE ORGANIZATION				
Specify organizational setting, continuing responsibilities and functions within operating unit, including resources managed				
For Official Use Only	Date Received by AMS/EXO	Employee Statement Attached: YES NO	Date Received by HCTM	Date Placed in Official Evaluation Folder

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO
SECTION 4a – PERFORMANCE PLAN		
<p>Establish Performance Plan within 45 calendar days of the beginning of the evaluation period 1 - 3 work objectives with 1 - 2 performance measures for each work objective. Beginning in performance cycle 2023-2024, Members of the SFS are required to include at least one work objective that supports Diversity, Equity, Inclusion, and Accessibility (DEIA).</p>		
SECTION 4b – AUTHENTICATION OF PERFORMANCE PLAN		
c. NAME OF RATING OFFICIAL (Last, First, MI)	SIGNATURE	DATE
d. NAME OF AC REPRESENTATIVE (Optional)	SIGNATURE	DATE
e. EMPLOYEE: (Signature acknowledges receipt of performance plan, not necessarily concurrence with plan)	SIGNATURE EMPLOYEE DECLINES TO SIGN	DATE

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO
SECTION 5a – FORMAL MID-POINT PROGRESS REVIEW Includes any revisions to work objectives and performance measures		
SECTION 5b – AUTHENTICATION OF FORMAL MID-POINT PROGRESS REVIEW		
c. NAME OF RATING OFFICIAL (Last, First, MI)	SIGNATURE	DATE
d. NAME OF AC REPRESENTATIVE (Optional)	SIGNATURE	DATE
e. EMPLOYEE: (Signature acknowledges receipt of mid-point progress review, not necessarily concurrence with review)	SIGNATURE EMPLOYEE DECLINES TO SIGN	DATE

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO

SECTION 6 – DESCRIPTION OF ACCOMPLISHMENTS (Completed by rated employee)

EMPLOYEE’S STATEMENT DESCRIBING ACCOMPLISHMENTS (Describe using examples of how you met or accomplished assigned work objectives during the rating cycle.)

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO

SECTION 7a – EVALUATION OF PERFORMANCE, SKILLS AND POTENTIAL (Completed by Rater)

RATING OFFICIAL'S STATEMENT OF PERFORMANCE, SKILLS AND POTENTIAL (Evaluate the performance and potential for advancement of the rated Senior Foreign Service Officer, their contributions to the Agency's mission and/or goals, using examples which address all skills within the FS/SFS Skills Framework.)

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO

**SECTION 7b – REVIEWER’S STATEMENT AND COMMENTS
SECTION FOR USAID/W TO COMMENT ON MISSION DIRECTOR’S CONTRIBUTIONS**

REVIEWER’S STATEMENT FOR MISSION DIRECTORS WHO ARE RATED BY AMBASSADORS.
(Section for USAID/W to comment on contributions the Mission Director has made to the Agency’s mission and/or goals, using examples with reference to the FS/SFS Skills Framework)

NAME	SIGNATURE	DATE
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SECTION 7c – EVALUATION OF PERFORMANCE, SKILLS AND POTENTIAL - CONTINUED

a. EMPLOYEE MET ALL SKILL STANDARDS FOR THEIR CURRENT CLASS: YES NO

b. EMPLOYEE APPROPRIATELY HANDLES AND PROTECTS CLASSIFIED NATIONAL SECURITY INFORMATION (CNSI), AND INFORMATION DESIGNATED AS SENSITIVE BUT UNCLASSIFIED (SBU) (I.E., PII, FOUO, ETC) IN ACCORDANCE WITH APPLICABLE LAWS, EXECUTIVE ORDERS, DIRECTIVE, AND AGENCY-WIDE POLICIES.

MET	NOT MET	N/A
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c. 360° INPUT SOURCES (Check all that apply)

EMPLOYEE SELF-ASSESSMENT	CUSTOMERS	MANAGERS	PEERS
SUBORDINATES	AIF	OTHERS	

NAME (Last, First, MI)		SSN (Last 4 digits)
EVALUATION PERIOD (MM/DD/YYYY)	FROM	TO
SECTION 7c – EVALUATION OF PERFORMANCE SKILLS AND POTENTIAL - CONTINUED		
<p>d. ADDITIONAL MANDATORY 360° INPUT SOURCES FOR THE FOLLOWING BACKSTOPS: CONTROLLERS, CONTRACT OFFICERS, AND LEGAL ADVISORS – ONLY.</p> <p>RECEIVED 360° INPUT FROM USAID/W (Check as appropriate)</p> <p>FINANCIAL MANAGEMENT PROCUREMENT GENERAL COUNSEL REQUESTED, BUT NOT RECEIVED</p>		
SECTION 8 – APPRAISAL COMMITTEE MEMBERS AND COMMENTS		
Role is to provide an organizational perspective to the AEF process, ensure accuracy and objectivity		
a. APPRAISAL COMMITTEE MEMBER NAMES – PRINTED (Last, First, MI) AND DIGITAL SIGNATURE		
1)	2)	3)
b. APPRAISAL COMMITTEE COMMENTS (As appropriate – if comments are added, all AC members must sign above):		

Instructions for Senior Foreign Service (SFS) Annual Evaluation Form

All SFS employees must complete an Annual Evaluation Form (AEF) unless they meet one of the exceptions per ADS 463.3.2.1 and/or have an approved waiver. Detailed guidance on preparing the SFS AEF is provided in ADS 461 and in its mandatory reference ADS 461maa.

Evaluation Period: The Employee should fill in the indicated dates. Normally the rating period runs from April 1 through March 31.

SECTION 1 - Administrative Data:

This section is completed by the Employee.

- a. Name: Employee's Last Name, First Name and Middle Initial.
- b. SS Number - Last four digits:
- c. Rank - FE-OC, FE-MC or FE-CM, as of the last day of the rating period.
- d. POSITION AOSC TITLE: The title of the Employee's current position, e.g., Mission Director, Senior Development Advisor, Supervisory Private Sector Officer.
- e. POSITION TITLE: Functional Role: The role or function the Employee is currently fulfilling, e.g., Mission Director, Diplomat-in-Residence, Director of the Economic Growth Office.
- f. POST/USAID OFFICE: Location as of the last day of the rating period.
- g. BACKSTOP: The 2-digit Foreign Service Backstop Code (e.g., BS-02, BS-21) for the position that the Employee is currently filling. Senior Leadership Group positions are Backstop 01.
- h. CAREER STATUS: Check the appropriate box.

SECTION 2 - Authentication of Final Evaluation

Typed names should be entered as Last, First, Middle Initial. Providing a middle initial is optional.

Dates should reflect the date of signature.

SECTION 3 – Role in the Organization:

This section may be authored by the Rating Official or the Employee. It should specify the organizational setting, continuing responsibilities and functions within the operating unit(s), including resources managed.

For Official Use Only Blocks

These blocks document the transmission of the completed AEF and employee statement. They are completed by the AMS in the Employee's Bureau and by HCTM upon receipt of the fully completed and signed documents.

SECTION 4a – PERFORMANCE PLAN

This section is authored by the Rating Official. The Performance Plan must be established within 45 calendar days of the beginning of the evaluation period. There should be 1 - 3 work objectives with 1 - 2 performance measures for each work objective. Work objectives can be reviewed by an Appraisal Committee at the Rating Official's or Employee's request.

Beginning in performance cycle 2023-2024, Members of the SFS are required to include at least one work objective that supports Diversity, Equity, Inclusion, and Accessibility (DEIA).

SECTION 4b – AUTHENTICATION OF PERFORMANCE PLAN

Typed names should be entered as Last, First, Middle Initial. Providing a middle initial is optional.

Dates should reflect the date of signature.

SECTION 5a – FORMAL MID-POINT PROGRESS REVIEW

This section is authored by the Rating Official. It includes any revisions to work objectives and performance measures.

SECTION 5b – AUTHENTICATION OF FORMAL MID-POINT PROGRESS REVIEW

Typed names should be entered as Last, First, Middle Initial. Providing a middle initial is optional.

Dates should reflect the date of signature.

SECTION 6 – DESCRIPTION OF ACCOMPLISHMENTS

This section is authored by the Employee. The section should address how the Employee met or accomplished assigned work objectives during the rating cycle.

SECTION 7a – RATING OFFICIAL'S STATEMENT OF PERFORMANCE, SKILLS AND POTENTIAL

This section is authored by the Rating Official. The Rating Official evaluates the performance and potential for advancement of the rated Employee, their contributions to the Agency's mission and/or goals, using examples and addressing all skill areas described in the FS/SFS Skills Framework. This section integrates input collected by the Rating Official from 360 sources.

SECTION 7b – REVIEWER'S STATEMENT AND COMMENTS: SECTION FOR USAID/W TO COMMENT ON MISSION DIRECTOR'S CONTRIBUTIONS

This section is authored by the Reviewing Official. Reviewer statements are only provided for SFS employees who are Mission Directors serving in bilateral missions whose rating official is the Ambassador. If a SFS employee has served in more than one assignment during the rating period, the determination of whether a Reviewer statement is required is based on the position held on the last day of the rating period. If there is a question regarding whether a Reviewer statement is required for the Employee, please consult HCTM via a Launchpad ticket.

The Reviewing Official will use the section to comment on contributions the Mission Director has made to the Agency's mission and/or goals, using examples with reference to the FS/SFS Skills Framework.

The section should be signed and dated by the Reviewing Official. Date should reflect the date of signature.

SECTION 7c – EVALUATION OF PERFORMANCE, SKILLS AND POTENTIAL - CONTINUED

The check boxes in this section are completed by the Rating Official.

SECTION 8a – APPRAISAL COMMITTEE MEMBER NAMES

Typed names should be entered as Last, First, Middle Initial. Providing a middle initial is optional.

SECTION 8b - APPRAISAL COMMITTEE COMMENTS

If the Appraisal Committee is unable to resolve differences with the Rating Official or Employee related to the content of the AEF, the AC must document its recommendations on Block 8b and all AC members must sign in the signature blocks provided.