INSTRUCTIONS:

EMPLOYEE PERFORMANCE REPORT FOR NOT ORDINARILY RESIDENT (NOR) EMPLOYEES

GENERAL INFORMATION

This form must be used to document the annual Evaluation Performance Report and the Work Requirements Statement (WRS) for all *Not Ordinarily Resident (NOR) employees.

*NORs are typically US Eligible Family Members (*EFMs*) of Foreign Service (*FS*), Civil Service (*CS*), or uniformed service members officially assigned to the post, who are eligible for employment under a Foreign Pay/Foreign Service Plan (*FP/FS not LCP*), and are on the travel orders of a direct-hire employee who is under Chief of Mission authority. Post may use this form for family members employed via the Overseas Seasonal Hire Program (*OSHP*).

An EPR may not include any inadmissable comments from any contributor.

This form should not be used to address conduct or discipline issues unless these affect the employee's performance. Family members are subject to Foreign Service misconduct and disciplinary regulations in 3 FAM 4100 and 3 FAM 4300.

SECTIONS I AND II - EMPLOYEE DATA AND REPORTING DATES

Mission HR personnel will complete items 1-20 upon (a) the employee's entry on duty (EOD) or (b) the beginning of a new rating period (March 15-March 14), and submit the form to the rater to complete the Work Requirements Statement (WRS).

- 1. Enter the employee's full name.
- 2. Select the appropriate employment mechanism:

Family Member Appointment (FMA)

Personal Services Agreement (PSA)

Other

- 3. Enter the FMA employee's ID number as listed on the employee's Notice of Personnel Action Form (SF-50). (Not applicable to family members on a PSA).
- 4. Enter the name of the Embassy/Consulate, the section (Mgmt, HRO, GSO, etc.) and agency (Dept. of State, USAID, DoD, CDC, etc.).
- **5. and 6.** Enter the grade and official title of the position.
 - 7. Entry on Duty Date (EOD): Enter the date the rated employee was first hired into the rated position.
 - 8. Enter the date the Work Requirements Statement (WRS) are due to the HR office.
 - 9.-11. Enter the rater's name, title, and email address.
 - 12. Is the rater a U.S. direct-hire? If the response is no, a U.S. direct-hire reviewer who has knowledge of the employee duties is required to complete Section V.
 - 13.-15. Enter the reviewer's name, title, and email address.
 - 16. Enter the dates of the performance rating cycle.
 - 17. Type of Report:

Regular - A performance report that covers performance for a period of one year.

Interim - A performance report that documents performance period greater than 119 days and less than one year.

- 18. Select the appropriate work schedule: Full-time, part-time, or intermittent (WAE).
- **19.** Enter the desired date the rater and rated employee should hold a performance discussion. A performance discussion can be held at any time. However, at least one counseling session (*preferably mid-year*) must be held and documented on the JF-57-PD.
- 20. An annual EPR is due to the HR office by April 15th.

SECTION III - WORK REQUIREMENTS STATEMENT (WRS)

- **21.** Describe the position and where it fits into the staffing pattern.
- 22. The WRS must be submitted to HR within 45 calendar days of an employee's entry on duty, and thereafter annually within 45 days of the start of every new rating cycle.

CERTIFICATION OF WORK REQUIREMENTS STATEMENT

- 23.-24. Completing this section certifies the rater discussed the WRS with the employee, and the employee has read and understood the WRS for the position.
 - 25. If the employee requests a review of the WRS, the reviewer's signature is required.

INSTRUCTIONS: EMPLOYEE PERFORMANCE REPORT FOR NOT ORDINARILY RESIDENTS (NOR) (continued)

SECTION IV - RATER PERFORMANCE NARRATIVE

- 26. The rater must select one of the summary ratings to represent the overall performance.
- 27. The rater's narrative comments are required to support the summary performance rating and must be free of inadmissible comments. Raters are encouraged to comment on the employee's potential for assuming greater responsibility. The rater may describe any area(s) for improvement; however, comments in this section are for the employee's information only. They do not require the submission of a Performance Improvement Plan.

SECTION V - REVIEWER- PERFORMANCE NARRATIVE (as required)

The reviewer's statement, summary rating, and signature are required when the rater is not an American direct-hire Foreign Service, Civil Service, or Uniformed service member; the summary rating is either "Needs Improvement" or "Not Successful;" or the employee requests a higher review.

- 28. The reviewer should select one of the summary ratings to represent the overall performance.
- 29. When required, the reviewer's narrative comments must be in accordance with FAM regulations and free of inadmissible comments.

SECTION VI - EMPLOYEE STATEMENT (optional)

30. The employee is encouraged to comment on his/her performance evaluation.

SECTION VII - CERTIFICATION OF SUMMARY RATING

31.-33. The rater, employee (and reviewer if required) signatures confirm that they have discussed the contents of this performance report. The employee's signature does not constitute agreement with the rater.

SECTION VIII - HR AND POST REVIEW COMMITTEE STATEMENT CERTIFICATION

34.-37. The chairperson or HRO completes this section and ensures the EPR has been prepared in accordance with the regulations and contain no inadmissible comments. (REF: 3FAM 2815 and 3 FAM 4400)

SECTION IX - FOR HR USE ONLY - PERSONNEL CHANGES (as necessary)

HR personnel are required to indicate if a rater or reviewer has changed during the rating cycle.

Provide the required submission and distribution dates.

GUIDELINES TO APPLYING THE SUMMARY RATINGS INCLUDE:					
Outstanding	The rater deems the employee's performance significantly and consistently exceeds expectations for all WRSs. The employee serves as a role model and mentor to others.				
Exceeds Expectations	Exceeded expectations for 70% or more of WRS. For example, if a rater has established five WRS, and the employee has exceeded expectations for four of the WRS, then the overall summary rating of EE is appropriate.				
Fully Successful	Exceeded expectations for less than 70 % of WRS, but no work requirement(s) rated as "Not Successful." Performance consistently achieves expected performance levels established by the work requirements. No work requirement(s) were deemed as "Needs Improvement" or "Not Successful."				
Needs Improvement	Performance is weak or inconsistent for at least one work requirement which is deemed below expectations. A summary rating of "Needs Improvement" can be assigned only if preceded by a documented performance discussion was held or if a Performance Improvement Plan was prepared and submitted to the rated employee 30-120 days before the end of the rating period. The performance discussion/PIP must have specifically addressed the area for expected improvement.				
Not Successful	More than one work requirement is deemed to be below expectations. Rarely achieves expected performance levels, and immediate improvement is needed. The employee requires significant and immediate corrective action. A summary rating of "Not Successful" can be assigned only if preceded by a Performance Improvement Plan (<i>JF-57PIP</i>) presented to the rated employee 30-120 days before the annual or interim rating.				

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U.S. Department of State

EMPLOYEE PERFORMANCE REPORT FOR NOT ORDINARILY RESIDENT (NOR) EMPLOYEES

SECTION I - HR - GENERAL INFORMATION							
Human Resources (HR) Personnel: Complete items 1-20 no later than March 15 or upon the employee's Entry on Duty. Once completed, submit the form to the Rater.							
Employee Information							
1. Name (Last, First, MI)			2. Employment Mechanism				
3. Employee ID Number	4. Post/Agency/Se	ction	5. Gr		5. Grade	. Grade	
6. Official Title of Position 7. En			try on Duty Date (mm-dd-yyyy) 8. Work Requirements Statem HR (mm-dd-yyyy)				
Rater Information	,				I.		
9. Rater Name	10. Rater Title		11. Rater E-mail				
12. Is the Rater a U.S. Direct Hire?							
Reviewer Information							
13. Reviewer Name	14. Reviewer Title			15. Re	Reviewer E-Mail		
SECTION II - PERFORMANCE PERIOD KI	EY DATES						
Enter the information about the rating period. The for completion of the discussions for submission t	Performance Discus	ssion	and end-of-year Employe	e Perfo	rmance Rep	ort due dates are target dates	
16. Period Covered			17. Type of Report	17. Type of Report 18. Work Schedule			
From (mm-dd-yyyy) To (mm-dd	<i>l-уууу)</i>						
19. Performance Discussion (mid-year) due(mm-o	dd-yyyy) JF-57 PD		20. Annual Employee Performance Report due (mm-dd-yyyy) JF-57 EPR				
SECTION III - WORK REQUIREMENTS ST	ATEMENT (WRS)					
Rater: Describe the position, and provide the Wowithin 45 calendar days of the employee's EOD a				cussed	with the emp	oloyee and submitted to HR	
21. Describe the position and where it fits in the s	taffing pattern; indica	ate the	e number and kind of emp	loyees	supervised of	or team affiliation(s), whichever	
is applicable.				•	·	, ,	

Last Name	First Name	Rating Period			
		From (mm-dd-yyyy)	To (mm-dd-yyyy)		
SECTION III - WORK REQUIRE	MENTS STATEMENT (WRS) (co.	ntinued)			
SECTION III - WORK REQUIREMENTS STATEMENT (WRS) (continued) Rater: Provide a detailed summary of the Work Requirements Statement. The Work Requirements Statement includes two sections: 22a) Continuing					
Responsibilities, and 22b) Specific O	ojectives/Projects.				
22a) Continuing Responsibilities					
,					
22b) Specific Objectives/Projects					
OFFICION OF WORK DE	OUR EMENTS OF A TEMENT				
CERTIFICATION OF WORK REQUIREMENTS STATEMENT					
Signatures indicate the rater and employee (and if applicable, the reviewer) have discussed the Work Requirements Statement. Employee: Your signature confirms you have read and understood the WRS for this position.					
23. Rater Signature			Date (mm-dd-yyyy)		
-					
24. Employee Signature			Date (mm-dd-yyyy)		
z i. zmpioyoo dignatare			Cate (min da yyyy)		
25. Reviewer Signature			Date (mm-dd-yyyy)		

Last Name	First Name	Rating Period		
		From (mm-dd-yyyy) To (mm-dd-yyyy)		
SECTION IV - RATER - PERFO	RMANCE NARRATIVE (required)			
26. Summary Rating	inim intel in initiative (required)	,		
_or commany rouning				
27 Rater: Provide a parrative of the	employee's work performance. This na	urrative is mandatory		
Zi. Nater. i revide a manative er tile s	omproyee e werk performance. This has	manus is manuacity.		
	RFORMANCE NARRATIVE (as re	equired)		
28. Summary Rating				
29. Reviewer: Provide a narrative of	work performance, as required.			
SECTION VI. EMPLOYEE STATEMENT (optional)				
30. Employee: Provide a statement.				

Last Name	First N	ame	Rating Period			
			From (mm-dd-yyyy)	To (mm-dd-yyyy)		
VII. CERTIFICATION O	CERTIFICATION OF SUMMARY RATING					
The signatures confirm the Rater and Employee discussed the contents of this Performance Report.						
31. Rater Signature]		Date (mm-dd-yyyy)		
32. Employee Signature]		Date (mm-dd-yyyy)		
33. Reviewer Signature				Date (mm-dd-yyyy)		
Check the box it	f the Employee	has not signed the appraisa	l report. Explain be	low.		
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		TTEE STATEMENT (CERTI				
HR Personnel - Enter the	name and e-mail	of the Post Review Committee	(PRC) Chairperson.			
Post Review Committee	Information					
34. Chairperson Name			35. Chairperson E-n	person E-mail		
36. Certification: This repo Comments	rt has been prepa	ared in accordance with the regu	ilations and contains	no inadmissible comments.		
37. Committee Panel Chair Signature				Date (mm-dd-yyyy)		
IX. FOR HR USE ONLY						
38. Provide the following dates:						
Date Performance Discussion received in HR (mm-dd-yyyyy) Date Complete EPR received in HR (mm-dd-yyyyy)						
Date copy given to Rated Employee (PSA receive originals) (mm-dd-yyyy)			Date forwarded to Family Member Employment Coordinator (FMA Only) (mm-dd-yyyy)			
Change in Personnel						
Role of New Personnel	Name of New P	ersonnel	Date (mm-dd-yyyy) E-Mail of New Personnel			
Role of New Personnel	Name of New P	ersonnel	Date (mm-dd-yyyy) E-Mail of New Personnel			

Last Name	First Name	Rating Period			
		From (mm-dd-yyyy)	To (mm-dd-yyyy)		
Continuation Page (if necessary	· /)				
Specify the field number(s) for whi	ch you require additional space.				