

Element Number	of	Element Title	<input type="checkbox"/> Critical Element
Task / Duty Statement		Expectation	
Midyear Review <input type="checkbox"/> Unacceptable <input type="checkbox"/> More Than Unacceptable but Less than Fully Successful <input type="checkbox"/> Fully Successful <input type="checkbox"/> More Than Fully Successful but Less than Excellent <input type="checkbox"/> Excellent		Annual Review <input type="checkbox"/> Unacceptable <input type="checkbox"/> Fully Successful <input type="checkbox"/> Excellent	Performance Improvement Plan <input type="checkbox"/> PIP Required
Annual Review Comments			

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