

SUBJECT: Supervisor's Employee Brief

TO THE SUPERVISOR OF: [REDACTED]
Employee Number: [REDACTED]

ORGANIZATION: 171B

INSTRUCTIONS TO THE SUPERVISOR:

- Complete Part A (Employee Information) upon receipt of this document.
- Make appropriate entries in Part B (Supervisor's Comments) during the year.
- Additional entries in Part C (Employee Experience, Awards, Performance Appraisal and Training information) may be made during the year. You will receive an updated Part C when the employee has been promoted. An updated Part C may be generated upon request to the Human Resources Office for significant personnel changes such as: Change to Lower Grade, Reassignment, GM Within-Grade Increases, Quality Step Increases and Position Chnges.

PART A - EMPLOYEE INFORMATION

HOME ADDRESS: [REDACTED] _____

[REDACTED] _____

HOME TELEPHONE: _____

SERVICE COMPUTATION DATE CIVILIAN LEAVE: [REDACTED]

WITHIN GRADE INCREASE DUE DATE: [REDACTED]

EMERGENCY INFORMATION

NAME: [REDACTED] _____

RELATIONSHIP: _____

HOME ADDRESS: [REDACTED] _____

[REDACTED] _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

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PART C - Employee Experience, Awards, Performance and Promotion Factor Rating, Training Information and Education:
(maintain with parts A and B in the employee work folder)

1. - - - - - -CURRENT POSITION INFORMATION- - - - -

A. TITLE	B. POSN/SEQ	C. PP-SERS-GR-STEP	D. SUPERVISORY LEVEL	E. DATE ENTERED
[REDACTED]	[REDACTED]	[REDACTED]	NON-SUPERVISORY	[REDACTED]

F. SALARY DATA

BASIC SALARY	LOCALITY ADJ	ADJUSTED BASIC PAY	SUPV DIFF PAY	OTHER PAY	RETENTION ALLOWANCE	PREMIUM PAY/IND
[REDACTED]	[REDACTED]	[REDACTED]				

G. EMERGENCY ESSENTIAL
POSN NOT E-E, NCE, OR KEY

H. POSITION SENSITIVITY
NON-SENSITIVE (NS)/LOW RISK

I. PERSONNEL SECURITY CLEARANCE

J. DATE COMPLETED

2. - - - - - -EDUCATION DATA- - - - -

A. EDUCATION LEVEL	B. INSTRUCTIONAL PROGRAM	C. YEAR ATTAINED
HIGH SCHOOL GRADUATE OR CERTIFICATE OF EQUIVALENCY		

3. - - - - - -PERFORMANCE APPRAISAL DATA- - - - -

A. PEFORMANCE APPRAISAL	B. DATE EFF
[REDACTED]	[REDACTED]

4. - - - - - -AWARD DATA- - - - -

A. AWARD TYPE	DATE	AWARD
TIME OFF AWARD	B. APROVED	C. AMOUNT
	[REDACTED]	[REDACTED]

TO THE SUPERVISOR OF:

[REDACTED]

EMPLOYEE NUMBER:

[REDACTED]

5.-----TRAINING HISTORY DATA-----

A. COURSE TITLE

B. COURSE TYPE

C. HOURS

D. GRAD DATE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]