

# Performance Management Appraisal Program (PMAP) CY23 Closeout Guidance & CY24 Establishment Guidance

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## HHS PMAP POLICY UPDATES – JANUARY 1, 2023

- The Department of Health and Human Services (HHS) updated [Instruction 430-1: Performance Management Appraisal Program \(PMAP\)](#) and NIH implemented these policy updates on January 1, 2023.
- Please refer to the [PMAP Policy Crosswalk](#) comparing the updated policy from past years.
- The [OHR PMAP webpage](#) has additional information and resources regarding the updated policy
- **Closeout of CY23 PMAP follows the updated policy.**

## IMPORTANT DATES

<b>1/30/24</b>	Deadline to communicate CY23 PMAP performance ratings to all employees who have been on a performance plan for at least 90 days
<b>1/30/24</b>	Deadline to establish CY24 PMAP plans for current NIH employees
<b>2/15/24</b>	Deadline to certify completion of CY23 PMAP Plan Closeout and CY24 PMAP Plan Establishment to OHR
<b>3/11/24</b>	Deadline to submit all CY23 PMAP ratings and related recognition in the Performance Awards Reporting System, (Performance, QSIs, and Time Off Awards)
<b>3/11/24</b>	Deadline to submit all QSI supporting documentation (NIH Form and PMAP coversheet) for the CY23 award cycle to servicing Client Services Division HR Specialist – ALL QSIs MUST be effective by 4/21/2024.
<b>7/31/24</b>	Deadline to complete Mid-Year Progress Reviews
<b>12/31/24</b>	End of CY24 rating period

## CY23 PMAP CLOSEOUT GUIDANCE

- HHS updated the Performance Management Appraisal Program (PMAP) Policy, effective January 1, 2023.
- **Closeout for CY23 will follow the [updated PMAP Policy](#), and the procedures associated with that policy.**
- **NEW:** Updated policy now requires Summary Narratives for Level 1 and Level 5 ratings. NIH Manual Chapter 2300-451-1 Employee Awards still requires a Summary Narrative as a justification for performance-based awards, regardless of rating. Although the policy no longer requires a Summary Narrative for Level 2 ratings, Rating Officials must work with their servicing [Employee and Labor Relations Specialist](#) to discuss best practices.

## RATINGS

- Reference the [HHS Performance Management Appraisal Program \(PMAP\) Policy](#), and the [HHS PMAP Handbook](#) to complete CY23 PMAP closeout.
- Your Institute's ePMAP team can provide system guidance and instructions for the [ePMAP](#) system.
- Assess and rate employee's performance against each of the critical elements.
- **IMPORTANT REMINDER:** Ratings must be based solely on the employee's performance against the critical elements. **Per 5 CFR 430.208(c), Rating Performance, forced distributions and/or quotas are prohibited when completing performance ratings.** However, methods used to make distinctions among employees such as comparing, categorizing, and ranking employees based on their performance may be used for award determinations. Budgetary considerations must not determine an employee's rating. However, once ratings are completed, budget can impact award amounts based on percentage distributions, as determined by the IC.
- ePMAP will calculate and enter the final summary rating on the first page of the performance plan. Rating Officials should reference [Table II of the HHS PMAP policy](#) for summary rating point ranges.
  - If an employee receives a **Level 2 - Partially Achieved Expected Results** rating on one or more critical elements, he/she cannot receive a summary rating of higher than Level 3 - Achieved Expected Results, regardless of the average point score. Prior to issuing rating Level 2 –Partially Achieved Expected Results, the rating official **must** work with their servicing [Employee and Labor Relations Specialist](#).  
If an employee receives a **Level 1 - Achieved Unsatisfactory** results rating on one or more critical elements, a summary rating of Achieved Unsatisfactory Results must be assigned. Prior to issuing a Level 1 – Achieved Unsatisfactory Results rating, the rating official **must** work with their servicing [Employee and Labor Relations Specialist](#).
- If an employee has not been on a plan for 90 days or is in another unique situation, please refer to the [HHS PMAP Guide for Non-Standard Situations](#) and contact your servicing [Employee and Labor Relations Specialist](#).
- Although NIH only requires a higher-level review by a reviewing official when the summary rating is Unacceptable, organizations may require a higher-level review to support ratings at other levels. Communicate the **final rating and award** to the employee **only after** higher approval has been obtained.
- **NEW:** Updated policy includes new procedures for informal resolution of rating disagreements.
  - Employees may respond to performance ratings and request reconsideration in writing.

- Employees who desire to add such written comments shall have seven (7) calendar days from the date of the issuance of the appraisal.
- Employee comments must be reviewed by the Rating and Reviewing Officials to determine whether these comments warrant any changes in the element or summary ratings to be submitted for the record.
- Reviewing Officials may elect to change the rating of record. This amended rating will be entered into the performance plan and signed by the Reviewing Official and the employee.
- Employee comments become a part of the official appraisal rating of record, regardless of whether a change is made to the rating.

### NIH POLICY ON PMAP RATINGS WHEN EMPLOYEE MOVES FROM ONE IC TO ANOTHER IC WITHIN 90 DAYS OF THE END OF THE APPRAISAL PERIOD

**IMPORTANT:** If an employee is on your IC’s PMAP roster as of December 31<sup>st</sup>, and subsequently moves to another IC, the employee will remain on your roster. Employees will NOT be moved to the gaining IC’s roster.

Scenario	Who Completes Rating?	Who Determines Award Amount?	Who Pays Award?	Who Reports the Rating & Award Amount?
Jane Doe moves from IC (A) to IC (B) in November 2023.	IC (A) completes the final rating and gives the rating to IC (B) for reporting in PARS.	IC (A) may recommend an award amount for IC (B)’s consideration; however, IC (B) makes final award determination.	IC (B) processes and pays the award amount.	IC (B) is responsible for reporting the employee’s rating and award to NIH OHR.
John Smith moves from IC (A) to IC (B) in February 2024.	IC (A) completes the final rating and enters the rating in PARS.	IC (A) may recommend an award amount for IC (B)’s consideration; however, IC (B) makes final award determination.	IC (B) processes and pays the award amount.	IC (A) is responsible for reporting the employee’s rating and award to NIH OHR.

**CLARIFICATION:** IC (A) must inform (IC) B of the recommended award because the awards will be paid by IC (B) and will count against the IC (B) awards allocation. In cases where losing and gaining IC award ranges vary, those ICs are encouraged to work amongst each other to determine a solution that is agreeable for both ICs but also favorable for the employee. Please contact Tracey Headley at [Tracey.Headley@nih.gov](mailto:Tracey.Headley@nih.gov) to discuss any atypical award situations for employees transferring between ICs within 90 days of the end of the rating period.

## PMAP RATINGS AND AWARDS FOR AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE (AAAS) FELLOWS

PMAP awards for the NIH-AAAS Fellows are processed by OD/OSP and must conform to the annual OD policy on awards. The NIH OD guidance on awards may change each year, but the awards among the AAAS S&T Policy Fellows will be consistent within the program. Each placement office is responsible for the payment of any cash awards.

- While all cash awards are paid from your budget, they do NOT count against your award pool. They will NOT be in your PMAP Awards submission system reports.
- The AO or supervisor must submit the PMAP rating associated with any PMAP award nomination to the NIH AAAS Fellowship contact Susan Diggs ([Susan.Diggs@nih.gov](mailto:Susan.Diggs@nih.gov)) **no later than February 15, 2024** for inclusion in the OSP award spreadsheet. The nomination must include the following information:
  - *Numerical PMAP score.*
  - *If being rated of 4.50 or above, a narrative justification for the award*
  - *Type of recommended award (e.g. time-off, cash, or a combination). Most awards in FY21 were either Time Off Awards or a combination of Time Off and Cash).*
  - *Amount of nominated award (e.g. hours of time off; cash award amount)*

## AWARDS

- The U.S. Office of Management and Budget (OMB) and the U.S. Office of Personnel Management (OPM) issued OMB Memorandum M-19-24 rescinding all previously issued awards guidance. M-19-24 allows agencies flexibility in establishing awards budgets while requiring an increase in awards spending dedicated to incentive awards (special act, spot, cash, etc.). Annually, OMB required agencies to submit an Agency Workforce Fund Plan projecting awards spending dedicated to ratings-based awards and incentive awards. The Department of Health and Human Services (HHS) Agency Workforce Plan provides for the **2.75%** spending pool to for non-SES/SL/ST/Senior Title 42 employees' individual performance-based and individual contribution (non-ratings based) awards.
- Per the HHS Agency Workforce Fund Plan, NIH may spend up to **2.20%** (80% of the total award pool) on ratings-based awards. Any unused ratings-based award funds may be used toward non-ratings based (NRB) awards.
- NIH must reserve at least **0.55%** (20% of its total award pool) for incentive award programs, including but not limited to: Individual Special Act or Service, On-the-Spot awards, and other individual non-ratings based (NRB) awards.
- Awards are calculated based on the employee's salary and hourly rate as of December 31, 2023.
- NIH Award policy **requires** a narrative justification for approval of any type of performance award. A narrative justification is also required for Level 5, Achieved Outstanding Results or Level 1, Achieved Unsuccessful Results per HHS PMAP policy.
- The narrative justification is used to justify the rating and the performance award.
- As a best practice, supervisors are encouraged to request accomplishments from employees to assist them with the development of the narrative.
- Employees put on performance plans in mid-November whose plans were extended until they had been on the plan for 90 days to receive a rating in accordance with the HHS PMAP policy are eligible for a performance award if they have received a rating of record of at least Level 3.
- Cash awards \$10,000 and higher will NOT be submitted to OPM for approval. If any are submitted to OHR, they will be flagged by the Workforce Relations Division (WRD) and returned to the IC for correction.

## AWARDS & RATING JUSTIFICATION NARRATIVES

<p><b>Level 5</b> Achieved Outstanding Results</p>	<p>Award: Optional award of up to 5% of salary, including locality. This can be in the form of cash and/or a time off, or QSI. <b>There is no minimum percentage, but the percentage awarded for a Level 4 rating may not equal or exceed the minimum percentage awarded for any Level 5 rating.</b></p> <p>Narrative: A supervisory narrative which addresses how the employee surpassed expectations on a consistent basis is required for <u>all</u> Level 5 ratings.</p>
<p><b>Level 4</b> Achieved More than Expected Results</p>	<p>Award: Optional award of up to 4% of salary and can be in the form of cash and/or a time-off award. <b>Within an IC, the percentage awarded for a Level 4 rating may not equal or exceed the minimum percentage awarded for any Level 5 rating.</b></p> <p>Narrative: If the employee is receiving a performance award, a supervisory narrative which addresses how the employee exceeded the requirements as described in the performance plan is required. If the employee is not receiving a performance award, a narrative is not required.</p>
<p><b>Level 3</b> Achieved Expected Results</p>	<p>Award: Optional award of up to 3% of salary and can be in the form of cash and/or a time-off award. <b>Within an IC, the percentage awarded for a Level 3 rating may not equal or exceed the minimum percentage awarded for any Level 4 rating.</b></p> <p>Narrative: If the employee is receiving a performance award, a brief supervisory narrative which addresses how the employee met the requirements as described in the performance plan is required. If the employee is not receiving a performance award, a narrative is not required.</p>
<p><b>Level 2</b> Partially Achieved Expected Results</p>	<p>Award: Ineligible for performance award.</p> <p>Narrative: Prior to issuing a Level 2 rating, the rating official must work with their servicing <a href="#">Employee and Labor Relations Specialist</a> to prepare a Memorandum of Expectations identifying the specific performance deficiencies and explaining how he/she can improve their performance to Level 3. An employee rated and/or currently performing below a Level 3 overall is ineligible for a Within Grade Increase (WGI).</p>
<p><b>Level 1</b> Achieved Unsatisfactory Results</p>	<p>Award: Ineligible for performance award.</p> <p>Narrative: Prior to issuing a Level 1 rating, the rating official must work with their servicing <a href="#">Employee and Labor Relations Specialist</a>. The rating official must give written notice to the employee of his or her failure to demonstrate acceptable performance and give the employee an Opportunity to Demonstrate Acceptable Performance (ODAP) consistent with applicable HHS policies. An employee rated and/or currently performing below a Level 3 overall is ineligible for a Within Grade Increase (WGI).</p>

## PERFORMANCE AWARD TYPES

### MONETARY AWARDS

- To be eligible for a monetary award, performance summary ratings must Level 3 or above.
- The award spending authority is being distributed to ICs based on their total aggregate salaries as of September 30, 2023.

### QUALITY STEP INCREASES (QSI)

- QSIs do not count towards the total 2.75% spending cap. IC should issue these awards **judiciously** and refrain from increasing amounts to compensate for the individual monetary award restrictions. PARS will continue to track the spending for these award categories separately.
- QSIs can be used to recognize employee performance under PMAP only for GS or GP/GR employees, below the step 10 who receive a Level 5 PMAP rating.
- A QSI should be approved **ONLY** for employees who have demonstrated exceptional accomplishments that are expected to continue and warrant an ongoing pay increase.
- Employees must have demonstrated sustained performance of outstanding quality and have not received a QSI within the last 52 weeks.
- A QSI must be applied to the rate of pay for the position on which the rating of record was based.
- Each QSI nomination requires separate signatures on an individual NIH Employee Awards Form for processing that employee's QSI. Therefore, an IC cannot submit QSIs as a group award.

### TIME OFF AWARDS

- Time Off Awards (TOAs) can be used to recognize employee performance under the PMAP award policy as well as to recognize short-term accomplishments.
- TOAs for PMAP recognition may not exceed 40 hours. Full-time employees may not be granted more than 80 hours of time off during a single calendar year.
- TOAs do not directly count against the 2.75% award ceiling. Expressed as an award percentage, TOAs must not exceed the higher award percentage at higher performance levels.
- If the employee is receiving a combination of a cash award and a time off award, the time off award cannot exceed the cash equivalent. If the total hours are less than the cash equivalent, the remaining cash balance, \$50 or greater, should be paid as a performance award. Cash performance awards less than \$50 will not be processed.
- Each IC will be responsible for entering their own Time-Off Awards earned in ITAS as a result of the 2023 PMAP awards.
- TOAs must be entered in PARS in whole amounts only, no fractional amounts.



## PART-TIME EMPLOYEE PERFORMANCE AWARDS

- Cash and time off awards for part-time employees must be pro-rated. This is not automatically calculated in PARS or ePMAP.

## PERFORMANCE AWARDS FOR EMPLOYEES WHO LEAVE NIH PRIOR TO DECEMBER 31st

- Employees who retire, resign, or transfer to another agency prior to December 31 may be considered for an award at the discretion of the IC. **If these employees are not included in PARS, they may be added by the IC.**
- Employees who transfer to HHS OPDIVs prior to December 31 may be recommended for an award by the IC, however payment and processing of that award is at the discretion of the gaining OPDIV. Awards are coordinated between OHR, the gaining OPDIV, and the NIH IC Performance Liaison, and will be handled after all IC awards are processed.
- Awards can be given to deceased employees. If the employee is deceased, please enter a comment in the notes section of PARS. Payments for these awards are sent to the last known direct deposit account of the employee.

## PERFORMANCE AWARDS REPORTING SYSTEM (PARS)

- PMAP ratings and awards will be collected, validated, and certified to OHR via the Performance Awards Reporting System (PARS).
- IC Executive Officers (EO) (or designees) are required to log in to PARS to update or confirm their IC's award percentages before IC Performance Liaisons (PLs) can start adding or uploading PMAP data.
- In accordance with NIH award guidance, and in order to make “meaningful distinctions based on levels of performance” as required by 5 CFR 451.104(h), PARS will not allow the maximum award percentage for each rating level to exceed the lowest percentage given to individuals rated at the next level above, nor will it allow IC award ranges to overlap. See table on page 7 for more information.
- ICs which use Excel files may upload their data directly into PARS using an Excel file upload. Spreadsheets must adhere to ALL business rules. The standard Excel (.xlsx) file template is available in PARS.
- The target award percentages in the Excel file uploaded by IC PLs must match the award percentages confirmed by the IC EO (or designees).
- PARS will not issue nor provide technical support for any Excel files used for PMAP purposes. Each IC is responsible for the production, dissemination, and support of Excel files.
- The IC EO (or designees) are required to certify PMAP information to OHR via PARS before HR can certify and process the awards. **IMPORTANT REMINDER: EO certification means**

**that ALL ratings and awards have been carefully reviewed by IC leadership and are correct and ready for processing.**

- **IMPORTANT REMINDER:** Once certified by the EO, changes to the ratings and/or awards will only be made in highly unusual circumstances, therefore; ICs should review their PMAP data very carefully prior to submission to OHR.
- Once certified, **if discretionary changes are allowed**, ICs will have to recertify their PMAP submission. Those spreadsheets will be placed in queue for processing and will not be processed ahead of other award actions. Discretionary changes include things such as:
  - Employees who decide, after certification of awards, that they wish to receive their award in a different form (trade cash for time off, or vice-versa)
  - Employees who wish to return awards which were otherwise valid when certified
  - Employees who wish to trade a QSI for cash (or time off, or a combination of both)
  - Managers who forgot to issue an award or who after certification, want to change the award type
- PMAP awards will be effective as soon as practicable following certification by the IC in PARS; however, there may be times when it takes longer than anticipated to process the award. OHR conducts a quality review of all performance awards before they are processed. This quality review can add additional processing time. OHR processes performance awards in the order they are received. A confirmation email will be sent to the IC certifying official and IC Performance Liaisons listed in PARS as well as the IC's servicing Client Services Division Branch Chief.
- Submission in PARS replaces the paperwork requirements for performance awards (cash and time off). The NIH employee awards form ([NIH 2833](#)) or an approved automated method is still required for Group Awards, Special Act or Service Awards (cash or time off), and QSIs.

## **SPECIAL AWARDS REQUIREMENTS**

### **CAREER SES, SL/ST INDIVIDUAL CONTRIBUTION (SPECIAL ACT) AWARDS**

Career SES, SL/ST Special Act Awards are distinct from annual ratings-based awards in that they recognize superior performance above and beyond the normal scope of duties and may be awarded during the annual awards call issued by the Office of Human Resources, Division of Senior and Scientific Executive Management (DSSEM). For further guidance, please visit the Special Act Awards section of the [Executive Corner](#).

### **AWARDS AFFECTING TOTAL COMPENSATION**

Total compensation received by Title 5 (General Schedule) employees in any given calendar year cannot exceed Executive Level I (EX-I). Discretionary payments (e.g., performance awards, cash awards, recruitment/retention/ relocation incentives, Physicians' Comparability

Allowances) may be authorized in excess of EX-I (\$235,600 in 2023) but must be deferred and “rolled over” for payment in the next or subsequent calendar year(s). If possible, all or a portion of the deferred payment will be paid lump sum in Pay Period 01 of the new calendar year. However, since deferred payments count toward the aggregate pay limitation in the calendar year in which they are paid, all or a portion of the deferral may continue to “roll over” for payment in future years. Monitoring “rollover” payments is important for employees whose base pay is at or near the statutory EX-I cap, as payment may preclude any base pay adjustment (i.e., comparability) during the same calendar year.

### TITLE 38 PHYSICIAN AND DENTIST PAY SCIENTISTS

The “annual pay” identified for Title 38 Physician and Dentist Pay (PDP) employees is the sum of the employee’s GS base pay without locality pay plus Title 38 Market Pay. PMAP awards for Title 38 PDP scientists should be calculated on the annual pay. The sum of the GS base pay and any other discretionary pay, including PMAP awards, is limited on annual basis to EX- I (\$235,600 in 2023).

For example, on December 31, 2023, a Title 38 PDP scientist’s GS non-locality base pay was \$99,908 (GS 14, step 1 without locality) and Market Pay was \$90,000, for an annual pay of \$189,908. The employee receives an Achieved Outstanding results rating and is granted a 2.5% PMAP award. The award would be \$4,748 (2.5% of \$189,908). The employee may receive the award since the compensation \$104,656 (GS non-locality base pay plus the award) does not exceed EX-I. The employee’s Market Pay does not count towards the EX -I pay cap.

- For questions regarding the calculation of Title 38 PDP award or base pay, please contact Tracey Headley ([Tracey.Headley@nih.gov](mailto:Tracey.Headley@nih.gov)) or Luke Daniel ([Luke.Daniel@nih.gov](mailto:Luke.Daniel@nih.gov)).

Performance awards and cash awards are part of total compensation and must be counted against total compensation limits imposed by HHS for Title 38 PDP. The HHS Secretary’s approval is required for performance awards that would cause an employee’s total compensation to exceed \$400,000. For any awards requiring the HHS Secretary’s approval, the IC must provide the complete CY23 performance appraisal rating of record and narrative justification) to Tracey Headley ([Tracey.Headley@nih.gov](mailto:Tracey.Headley@nih.gov)) **no later than March 15, 2024.**

### TITLE 42 (f) AND (g) EMPLOYEES

Performance awards and cash awards are part of total compensation and must be counted against the total compensation limits imposed by HHS for Title 42(f) and (g).

- For Title 42(g), total compensation cannot exceed \$250,000.
- For Title 42(f), total compensation cannot exceed \$400,000.

NCC or NCCP review and approval of the Deputy Director for Management, NIH, is required for any combination of performance awards and/or cash awards that exceed ten percent of base pay within the preceding 52 weeks. Otherwise, IC Directors may approve PMAP awards for Title 42(g) or Title 42(f) scientists without NCC/NCCP review provided total compensation does not exceed \$250,000 or \$400,000, respectively. If NCC or NCCP review is required, annotate in

the notes section of PARS with a statement such as “HOLD - proposed award pending review/approval by NCC/NCCP”. Within the restrictions specified above, IC Directors may grant PMAP awards without the need for NCC or NCCP review.

IC Directors have authority to approve PMAP awards for NIH Distinguished Investigators. PMAP awards cannot be granted that would cause the total compensation of an NIH Distinguished Investigator to exceed \$400,000 or the combination of PMAP award and cash awards to exceed 10 percent of base pay. **Non-performance based cash awards must be approved by the NIH Director.**

The HHS Secretary’s approval is required for performance awards for employees whose salaries and bonuses exceed \$400,000, as established by HHS Human Resources Manual Instruction 42.1 updated on March 11, 2015. For any awards requiring the HHS Secretary’s approval, the IC must provide the complete CY23 performance appraisal rating of record and narrative justification) to Tracey Headley ([Tracey.Headley@nih.gov](mailto:Tracey.Headley@nih.gov))

**no later than March 15, 2024.**

WRD will conduct a more extensive review of PARS, specifically for any potential awards that may impact total compensation. This review will take place before the system is released to the ICs for their ratings and awards entry. An extensive review will also be conducted upon IC certification. IC awards may be held for processing for up to 1 week pending this review. This will be done in an increased effort to ensure that no awards exceeding total compensation are processed prior to NIH or HHS review and approval. If Director, NIH or Secretary, HHS approval is required, annotate the notes section of PARS with a statement indicating that the award should not be processed with the rest of the IC.

## CY24 PMAP PLAN ESTABLISHMENT

### PMAP COVERAGE

All General Schedule (GS), Title 42 (f) and (g) not covered under the [Senior Executive Service Performance Management System](#) (SES PMS), Senior Biomedical Research and Biomedical Product Assessment Service (SBRBPAS), and Wage Grade (WG, WL, WS) employees continued to be covered under PMAP for CY24.

### PMAP PLAN ESTABLISHMENT

- Reference the [HHS Performance Management Appraisal Program Policy](#) and [HHS PMAP Handbook](#) to establish CY24 PMAP plans.
- Your Institute's ePMAP team can assist with system guidance and instructions.
- PMAP plans for current employees must be established no later than January 30, 2024. However, if an employee enters a position after the start of the appraisal cycle, a PMAP plan must be established within thirty (30) days of the date the employee enters on duty in accordance with PMAP policy.
- Each critical element must be written at Level 3 – Achieved Expected Results (AE). Supervisors should closely review the [Benchmark Standards](#) in the [HHS PMAP Handbook](#) to ensure they are truly developing standards at Level 3.
- The supervisor should provide each employee with an opportunity to review and provide input on the development of their critical elements prior to finalizing. Final authority for establishing the performance plan rests with the supervisor.
- At least one critical element must cascade from one of the following strategic plans and/or any internal IC strategic plans. The cascaded element should be identified in the following way under the appropriate element in the performance plan, "This element supports [*insert goal/objective from applicable strategic plan*]."
  - [NIH Strategic Plan for FY 2021-2025](#)
  - [HHS Strategic Plan for FY 2022-2026](#) – Any goal or objective from the plan may be used and/or all staff may use Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability.
- Each critical element should include at least one accompanying metric that is quantifiable and results-based. Metrics should address significant program outcomes and improvements such as: enhanced quality of services and healthcare, new knowledge and insight from research, and/or improvements in customer satisfaction.
- The supervisor and the employee both electronically sign the PMAP form upon issuance. The employee's signature officially certifies that performance expectations have been communicated by the supervisor to the employee. In those instances where the employee refuses to sign, the supervisor must note the refusal on the form.

- Although NIH does not require a reviewing official to conduct a higher-level review of the performance plan, ICs may require a higher-level review by a [reviewing official](#).

## NIH MANDATORY LANGUAGE

- Diversity, Inclusion, Equity, and Accessibility (DEIA) standards, which will include anti-harassment standards, is mandatory for inclusion in **all** 2024 performance plans. These standards are automatically added in ePMAP and require no additional action from ICs or Rating Officials.
- Critical Elements related to Patient Safety and language addressing Privacy Act training listed in CY23 plans are still required. Please ensure these are included in CY24 plans.
- In support of the NIH's Optimize IT Security Initiative and Cyber Safety Awareness campaign, the following language is mandatory for all CY24 PMAP Plans for the following positions: CIO, ISSO, non-SES Executive Officers, and Managers with significant IT and IT security responsibilities (whose role would include performing the kind of activities in the bullets listed below). This language may be incorporated into an appropriate critical performance element, or incorporated into the Customer Experience critical element, or added as its own critical element.

### IT/Cybersecurity

- Develop and implement Cybersecurity Plan of Action and Milestones that describe the approach, current status, and plans to reduce risk and improve the overall cybersecurity posture for your IC
- Establish explicit expectations and ensure adequate training to hold employees accountable for protecting sensitive information
- Complete risk assessments and security plans for IC systems and data resources
- Perform continuous monitoring and periodic testing of security controls
- Resolve security vulnerabilities within prescribed time frames
- Deploy NIH cybersecurity technologies
- In support of the NIH's Optimize Acquisition Initiative, the following language is mandatory for all CY24 PMAP Plans for employees appointed as Contracting Officer Representatives at NIH. This language may be incorporated into an appropriate critical performance element (> 50% of workload) or incorporated into the Customer Experience critical element (<50% of workload), or added as its own critical element (>80% of workload).

### Personnel designated as FAC-COR

- Senior COR (GS-13/Above) Perform the duties of a COR as described in their COR Appointment Memorandum based on input received from Contracting Officer, maintain FAC-COR Certification, and mentor staff who are Junior CORs or seeking to become CORs as time and expertise permits.
- Junior COR (GS-12/Below) Perform the duties of a COR as described in their COR Appointment Memorandum based on input received from Contracting Officer and maintain FAC-COR Certification.

## PATHWAYS PROGRAM PARTICIPANTS

Each Pathways participant, regardless of appointment duration, should be placed on a formal performance management plan. This plan will help the participant to understand what is expected of her or him during the Program and will allow the supervisor and other officials to provide objective feedback regarding their performance. ICs should complete evaluations annually and hold mid-year reviews. ICs are also expected to provide regular feedback and identify any deficiencies or areas of improvement for Interns and Interns NTE.

## TIPS FOR ESTABLISHING AND MONITORING PERFORMANCE

### DO...

- Set clear, meaningful, and attainable expectations, aligned with the mission and broad objectives of your programs, which are reasonably attainable during the performance year.
- Approach this process as a collaborative effort, engaging staff and seeking out employees' ideas to develop appropriate critical elements.
- Continually assess and communicate progress regarding performance - constructive feedback includes timely, specific references to predefined targets and goals.
- Provide for coaching, mentoring, and new learning, using traditional and innovative means to optimize employee strengths and address areas targeted for improvement.
- Describe what the employee will accomplish during the rating period.
- Focus on the results and contributions that you want the employee to achieve.
- Demonstrate appreciation of employee performance through the use of the many available forms of recognition.

### DON'T...

- Create goals that cannot be linked to the organization's primary mission, or that cannot reasonably be attained during the CY24 performance year.
- Finalize a performance plan without obtaining the employee's input and feedback
- Save all of your feedback until the end of the performance year.
- Assume that employees already possess all the knowledge and skills they will need to accomplish the objectives in their performance plan.
- Take away an employee's essential job duties as a response to poor performance. If the employee's performance is not meeting expectations in any critical element, contact your servicing Employee & Labor Relations Specialist for guidance.
- Restrict your performance monitoring activities only to addressing problems.
- Describe how the employee will do the work by focusing on tasks and activities listed in the position description (a PMAP is not a Position Description).
- Assume that employees already possess all the knowledge and skills they will need to accomplish the objectives in their performance plan.

## ADDITIONAL RESOURCES

[NIH PMAP website](#)

[Developing Critical Elements](#)

[NIH Sample Critical Elements](#)

[HHS Guide for Writing Performance Plans](#)

[Supervisors Guide for Addressing Unacceptable Performance](#)

[Opportunity to Demonstrate Acceptable Performance \(ODAP\)](#)

[Seven Performance Management Tips for Supervisors](#)

[HHS PMAP website](#)

[OPM Performance Management website](#)

## PERFORMANCE MANAGEMENT APPRAISAL PROGRAM POLICY COMPARISON

PREVIOUS POLICY		NEW POLICY (Eff 1/1/2023)
<b>Performance Planning</b>		
<b>Mandatory Elements</b>	Administrative Requirements element for all employees with leadership options for managers	Customer Experience element for all employees with additional Leadership element for Supervisors, Managers, and Team Leads
<b>Number of Critical Elements for Supervisors, Managers, &amp; Team Leads</b>	4 to 6 critical elements	Minimum of 3, maximum of 6 (including 2 mandatory elements and 1 individual critical element)
<b>Number of Critical Elements for Non-Supervisory Employees</b>	4 to 6 critical elements	Minimum of 2, maximum of 6 (including 1 mandatory element and 1 individual Critical Element)
<b>Coverage &amp; Exclusions</b> <i>(please note that these codify practices that have already been in place at NIH)</i>		
<b>Title 42 SES Equivalent Employees</b>	Excluded from policy	Now explicitly excluded per policy
<b>Title 42 Fellows</b>	Excluded from policy (incorrect section from Public Health Service Act is also cited)	No longer excluded from policy
<b>Commissioned Corps</b>	Excluded from policy	Now explicitly excluded per policy



<b>Time Limited Appointments</b>	Appointments less than 90 days excluded	Appointments less than 60 days are excluded
<b>PMAPs for Details</b>	Details expected to last more than 90 days require PMAPs	Details of 89 days or more require PMAPs
<b>Rating Official Responsibilities</b>		
<b>Performance Deficiencies</b>	Rating Officials must promptly initiate appropriate action, such as assistance from the Employee and Labor Relations Office	Rating Officials must engage Employee and Labor Relations Office for performance rating below Level 3
<b>Training Requirements</b>	Rating Officials must complete performance training	Rating Officials should complete performance training within 1 year, then once every 3 years thereafter
<b>Plan Changes</b>	Mentioned throughout policy but not explicitly stated as a responsibility	Rating Officials must modify the performance plan to account for changes in employee's job duties or shifting priorities
<b>Closeout Changes</b>		
<b>Closeout Deadline</b>	45 days after conclusion of rating period	30 days after conclusion of rating period
<b>Rating Disagreement (<i>written response</i>)</b>	No deadline to respond in writing	Must respond within 7 days of issuance of appraisal, Rating and Reviewing Official must review. If Reviewing Official makes change, they must sign new rating.
<b>Required Narratives</b>	Must be written for Level 1 or Level 2 performance	Must be written for Level 1 or Level 5 performance
<b>Element Comments</b>	N/A	Encouraged for any elements not rated Level 3
<b>OHR PMAP Team Contacts:</b>	<a href="mailto:tracey.headley@nih.gov">Tracey Headley - tracey.headley@nih.gov</a>	<a href="mailto:luke.daniel@nih.gov">Luke Daniel - luke.daniel@nih.gov</a>
<b>Additional Resources:</b>	<a href="#">IC Performance Liaisons</a>	<a href="#">PMAP at NIH site</a>