

PTO-516 -516 (10-2018)				NEW		
US PATENT AND TRADEMARK OFFICE CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD				I/A:		
				MR#:		
				IP#:		
*Performance Plan *Performance Appraisal *Performance Recognition *Progress Review *Position Description						
Employee Name: AKHAVANNIK, HADI						
Position Title: PEXMR						
Pay Plan, Series, Grade/Step: GS-1224, Grades 5-15						
Organization:	1. Department of Commerce		4. Patent Examining Groups			
	2. Patent & Trademark Office		5. Technology Center 2600			
	3. Deputy Commissioner for Patents		6. Art Unit 2662			
Rating Period:	10/1/2021 - 9/30/2022					
Covered by	<input type="radio"/>	Senior Executive Service	<input type="radio"/>	Demonstration Project		
	<input checked="" type="radio"/>	General Workforce	<input type="radio"/>	Other		
PART A - POSITION DESCRIPTION						
POSITION CERTIFICATION - I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.						
SUPERVISOR'S SIGNATURE		DATE	SECOND LEVEL SUPERVISOR		DATE	
CLASSIFICATION CERTIFICATION	OFFICIAL TITLE:					
	PP:	SERIES:	FUNC:	GRADE:	I/A:	YES
I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.						
NAME & TITLE OF CLASSIFIER			SIGNATURE		DATE	
PART B - PERFORMANCE PLAN						
This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.						
NAME & TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL			SIGNATURE		DATE	
MEETU MUNJAL, SPE						
APPROVAL - I agree with the certification of the position description and approve the performance plan.						
NAME & TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY			SIGNATURE		DATE	
DIEGO GUTIERREZ, Director						
EMPLOYEE ACKNOWLEDGMENT - My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.			SIGNATURE		DATE	
PRIVACY ACT STATEMENT - Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.						