Supervisory Evaluation of Employee Readiness for the DE Certification Assessment

Instructions: This checklist is required when an employee you supervise has failed the DE Certification Assessment two or more times. Please take specific actions below during the employee's six-month waiting period and respond to each of the following statements, including the assessment of the employee's readiness to continue pursuing DE certification.

Completed checklists must be submitted to <u>DE.Recertification@opm.gov</u>. The checklist can be submitted as early as 30 days prior to the expiration of the six-month waiting period or when the employee is ready to register for the Assessment.

Agency:				Sub-Agency/Component:		
Employee name:			Employee H	Email:		
Most Recent Failure of DE Certification Assessment (Date):						
□ Form Not Applicable (e.g., employee not performing DE activities, employee not part of a DE unit).						
Skip the activity statements but provide your information on the second page and sign the form.						
Comments (if any):						
Yes						
105	110	Activity Statement				
		I received an OPM email notification concerning the employee's most recent DE Certification Assessment failure results including any identified competencies to review.				
		I am aware the employee has taken the DE Certification Assessment more than once and failed each attempt.				
		I have reviewed the employee's DE Certification Assessment results from each failed attempt.				
		I have met with the employee to discuss their DE Certification Assessment results including any identified competencies needing review.				
		A plan of action has been developed to strengthen the employee's knowledge and skills in any competencies identified in their DE Certification Assessment results.				
		The employee is currently shadowing a colleague to help improve specific competencies, give thorough explanations of DE concepts, and provide feedback on work products.				
		Since the latest DE Certification Assessment results, the employee has received formal training (e.g., a training class or agency-developed session) in delegated examining activities.				
			ked questions	ults, the employee has received informal of a senior colleague, participated in a sed on the competencies identified.		
				l in DE activities (e.g., posting a JOA,		
				ns' preference adjudications, issuing a cert, dated by a DE certified staff member (as		
			or equivalen	t is aware this employee is currently not		

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More detail or comments related to items above, including explanation of any "no" responses and any further description of activities the employee has completed following their most recent failure:				
What other information related to the employee's development is important for OPM to know?				

Readiness to Pursue DE Certification:	Based on my observations,	I have evaluated the employee's
skills and abilities related to DE activities	and:	

□ Attest to their readiness to continue pursuing DE certification

 \Box Have determined the employee should not be performing DE work

By signing as the first line supervisor, I attest that I am the named employee's first line supervisor and that information provided on this form is true and accurate. Title:

First Line Supervisor Email:

Signature:

By signing as the employee, I attest that information provided on this form is true and accurate.

Employee Email:

Title:

Signature:

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