



### TARGET CHANGE FORM

<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> Rating Period, FY _____			
<b>Name of Ratee:</b>			
<b>Position/Rank:</b>			
<b>Designation:</b>		<b>Office:</b>	
ORIGINAL PERFORMANCE INDICATOR (Based from Approved IPCR/DPCR/OPCR)	Proposed Amendment	Justification	Remarks of Rater
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:
Key Results Area: Q: E: T:			[ ] Approved [ ] Disapproved  Remarks:

*You may use additional sheets when necessary.*

Prepared by: \_\_\_\_\_  
 Position: \_\_\_\_\_

Date: \_\_\_\_\_

Recommending Approval: \_\_\_\_\_  
 Position: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Position: \_\_\_\_\_

Date: \_\_\_\_\_