

**Department of the Army  
Pamphlet 623–3**

**Personnel Evaluation**

# **Evaluation Reporting System**

**Headquarters  
Department of the Army  
Washington, DC  
27 September 2019**

**UNCLASSIFIED**

HQDA#:					
<b>OFFICER EVALUATION REPORT SUPPORT FORM</b> <small>For use of this form, see AR 623-3 ; the proponent agency is DCS, G-1.</small>				<b>SEE PRIVACY ACT STATEMENT IN AR 623-3</b>	
<b>PART I - ADMINISTRATIVE (Rated Officer)</b>					
a. NAME (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL	b. SSN (or DOD ID No.) 000000000	c. GRADE/ RANK ILT	d. DATE OF RANK (YYYYMMDD) 20180901	e. BRANCH EN	f. COMPONENT (STATUS CODE)
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND 50th MRBC, 5th EN BN, Ft. Leonard Wood, MO 65473, FORSCOM			h. UIC CODE WBAOAA	i. THRU DATE OF LAST COMPLETED EVALUATION 20180331	
j. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil) .gov or .mil email address					
<b>PART II - AUTHENTICATION</b>					
a1. NAME OF RATER (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL	a2. SSN (or DOD ID No.)	a3. RANK CPT	a4. POSITION Company CDR	a5. EMAIL ADDRESS (.gov or .mil) .gov or .mil email address	
b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)	b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION	b5. EMAIL ADDRESS (.gov or .mil)	
c1. NAME OF SENIOR RATER (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL	c2. SSN (or DOD ID No.)	c3. RANK LTC	c4. POSITION Battalion CDR	c5. EMAIL ADDRESS (.gov or .mil) .gov or .mil email address	
c6. SENIOR RATER'S ORGANIZATION 5th Engineer Battalion Fort Leonard Wood, Missouri 65473	c7. BRANCH	c8. COMPONENT RA	c9. SENIOR RATER PHONE NUMBER		
d1. INDIVIDUAL TO PERFORM SUPPLEMENTARY REVIEW (Last, First, Middle Initial) - (IF REQUIRED) LAST, FIRST, MIDDLE INITIAL	d2. RANK COL	d3. POSITION Brigade CDR	d4. EMAIL ADDRESS (.gov or .mil) .gov or .mil email address		
<b>PART III - VERIFICATION OF FACE - TO - FACE DISCUSSION</b>					
MANDATORY RATER/RATED OFFICER INITIAL FACE-TO-FACE COUNSELING ON DUTIES, RESPONSIBILITIES AND PERFORMANCE OBJECTIVES FOR THE CURRENT RATING PERIOD TOOK PLACE ON (DATE) <u>20180402</u> RATED OFFICER INITIALS _____ RATER INITIALS _____ SENIOR RATER INITIALS _____ RATED OFFICER ACCESS TO SUPPORT FORMS PRIOR TO INITIAL COUNSELING: RATER (Date <u>20180318</u> ) SENIOR RATER (Date <u>20180318</u> )					
PERIODIC RATER / RATED OFFICER FOLLOW-UP FACE-TO-FACE COUNSELINGS:  DATE <u>20180702</u> RATED OFFICER INITIALS _____ RATER INITIALS _____ SENIOR RATER INITIALS _____ DATE <u>20180702</u> RATED OFFICER INITIALS _____ RATER INITIALS _____ SENIOR RATER INITIALS _____ DATE <u>20180702</u> RATED OFFICER INITIALS _____ RATER INITIALS _____ SENIOR RATER INITIALS _____					
<b>PART IV - RATED OFFICER - DUTIES AND RESPONSIBILITIES</b>					
a. PRINCIPAL DUTY TITLE: Executive Officer			b. POSITION AOC/BRANCH: 12A00		
c. STATE YOUR SIGNIFICANT DUTIES AND RESPONSIBILITIES:  (See DA Pam 623-3, para 2-1)					
<b>PART V - PERFORMANCE OBJECTIVES AND ACCOMPLISHMENTS</b>					
a. INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:  (See DA Pam 623-3, para 2-1)			b. LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:  (See DA Pam 623-3, para 2-1)		


Figure 2-1. Example of DA Form 67-10-1A (page 1)

HQDA#: \_\_\_\_\_

**PART V - PERFORMANCE OBJECTIVES AND ACCOMPLISHMENTS CONTINUED** Describe adherence to leadership attributes and demonstration of competencies

**A. CHARACTER: (Army Values, Empathy, Warrior Ethos/Service Ethos, Discipline - see ADRP 6-22)**

INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:

(See DA Pam 623-3, para 2-1) 


LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:

(See DA Pam 623-3, para 2-1)


---

**B. PRESENCE: (Military and professional bearing, Fitness, Confidence, Resilience - see ADRP 6-22); (Safety/ Individual and unit deployment readiness/Support of behavioral health goals, AR 623-3 and Mission Command Principles, see ADP 6-0, addressed under fitness and resilience)**

APFT GOALS: PU 90 SU 92 RUN 12:40 HEIGHT/WEIGHT \_\_\_\_\_ (ONLY AS NEEDED)

INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES: 

(See DA Pam 623-3, para 2-1)

LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS: 

(See DA Pam 623-3, para 2-1)

---

**C. INTELLECT: (Mental agility, Sound judgment, Innovation, Interpersonal tact, expertise - see ADRP 6-22 and ADRP 6-0)**


INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:


(See DA Pam 623-3, para 2-1)

LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:

(See DA Pam 623-3, para 2-1)

---

**D. LEADS: (Leads others, builds trust, extends influence beyond the chain of command, Leads by example, Communicates-see ADRP 6-22 and ADRP 6-0)** 


INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES: 

(See DA Pam 623-3, para 2-1)

LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:

(See DA Pam 623-3, para 2-1)

---

**E. DEVELOPS: (Creates a positive environment/Fosters esprit de corps, prepares self, Develops others, Stewards the profession - see ADRP 6-22 )** 


INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:

(See DA Pam 623-3, para 2-1)

LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:

(See DA Pam 623-3, para 2-1)

---

**F. ACHIEVES: (Gets Results - see ADRP 6-22 and ADRP 6-0)** 

INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:

(See DA Pam 623-3, para 2-1)

LIST SIGNIFICANT CONTRIBUTIONS AND ACCOMPLISHMENTS:

(See DA Pam 623-3, para 2-1)

DA FORM 67-10-1A, MAR 2019 Page 2 of 5  
APD LC v1.00ES

Figure 2-1. Example of DA Form 67-10-1A—Continued (page 2)

HQDA#:

**PART VI - RATER SELF DEVELOPMENT GOALS**

(See DA Pam 623-3, para 2-1)

**PART VII - SENIOR RATER COMMENTS**

(See DA Pam 623-3, para 2-1)

RATED SOLDIER -SIGNATURE AND DATE: \_\_\_\_\_

DA FORM 67-10-1A, MAR 2019

Page 3 of 5  
APD LC v1.00ES

**Figure 2–1. Example of DA Form 67–10–1A—Continued (page 3)**

HQDA#:

COMPANY GRADE PLATE (O1 - O3; WO1 - CW2) OFFICER EVALUATION REPORT						See Privacy Act Statement in AR 623-3.	
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.							
<b>PART I - ADMINISTRATIVE (Rated Officer)</b>							
a. NAME (Last, First, Middle Initial)		b. SSN (or DOD ID No.)		c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH	f. COMPONENT (Status Code)
LAST, FIRST, MIDDLE INITIAL		000000000		1LT	20180901	EN	
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND				h. UIC		i. REASON FOR SUBMISSION	
50th MRBC, 5th EN BN, Ft. Leonard Wood, MO 65473 FORSCOM				WBAOAA		02   Annual	
j. PERIOD COVERED		k. RATED MONTHS	l. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)		
FROM (YYYYMMDD) 20180401		THRU (YYYYMMDD) 20190331	12		.gov or .mil email address		
<b>PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VI and the administrative data is correct)</b>							
a1. NAME OF RATER (Last, First, Middle Initial)				a2. SSN (or DOD ID No.)	a3. RANK	a4. POSITION	
LAST, FIRST, MIDDLE INITIAL				111111111	CPT	Company Commander	
a5. EMAIL ADDRESS (.gov or .mil)				a6. RATER SIGNATURE		a7. DATE (YYYYMMDD)	
.gov or .mil email address							
b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)				b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION	
b5. EMAIL ADDRESS (.gov or .mil)				b6. INTERMEDIATE RATER SIGNATURE		b7. DATE (YYYYMMDD)	
c1. NAME OF SENIOR RATER (Last, First, Middle Initial)				c2. SSN (or DOD ID No.)	c3. RANK	c4. POSITION	
LAST, FIRST, MIDDLE INITIAL				222222222	LTC	Battalion Commander	
c5. SENIOR RATER'S ORGANIZATION		c6. BRANCH	c7. COMPONENT	c9. EMAIL ADDRESS (.gov or .mil)		c11. DATE (YYYYMMDD)	
5th Engineer Battalion Fort Leonard Wood, Missouri, 65473		EN	RA	.gov or .mil email address			
		c8. SENIOR RATER PHONE NUMBER		c10. SENIOR RATER SIGNATURE			
		777-888-9999					
d. This is a referred report, do you wish to make comments?				e1. RATED OFFICER SIGNATURE		e2. DATE (YYYYMMDD)	
<input type="checkbox"/> Referred <input type="checkbox"/> Yes, comments are attached <input type="checkbox"/> No							
f1. Supplementary Review Required?				f2. NAME OF REVIEWER (Last, First, Middle Initial)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
f3. RANK		f4. POSITION		f5. Comments Enclosed			
f6. SUPPLEMENTARY REVIEWER SIGNATURE			f7. DATE (YYYYMMDD)				
<b>PART III - DUTY DESCRIPTION</b>							
a. PRINCIPAL DUTY TITLE				b. POSITION AOC/BRANCH			
Executive Officer				12A00			
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES							
(See DA Pam 623-3, para 2-5)							
<b>PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)</b>							
a. APFT Pass/Fail/Profile: _____ Date: _____ Height: _____ Weight: _____ Within Standard? _____							
Comments required for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards?							
(See DA Pam 623-3, para 2-6)							
b. This Officer's overall Performance is Rated as: (Select one box representing Rated Officer's overall performance compared to others of the same grade whom you have rated in your career. Managed at less than 50% in EXCELS.)							
I currently rate _____ Army Officers in this grade.							
A completed DA Form 67-10-1A was received with this report and considered in my evaluation and review: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain in comments below)							
EXCELS (49%)		PROFICIENT		CAPABLE		UNSATISFACTORY	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Comments:							
(See DA Pam 623-3, para 2-6)							

DA FORM 67-10-1, MAR 2019

Page 1 of 2  
APD LC v1.00ES

Figure 2-2. Example of DA Form 67-10-1 (page 1)


HQDA#:		NAME: LAST, FIRST, MIDDLE INITIAL		SSN (or DOD ID No.) 000000000	PERIOD COVERED: FROM (YYYYMMDD) 20180401	THRU (YYYYMMDD) 20190331
c. 1) Character: (Adherence to Army Values, Empathy, and Warrior Ethos/ Service Ethos and Discipline. Fully supports SHARP, EO, and EEO.)	(See DA Pam 623-3, para 2-6)					
c. 2) Presence: (Military and Professional Bearing, Fitness, Confident, Resilient)	(See DA Pam 623-3, para 2-6)					
c. 3) Intellect: (Mental Agility, Sound Judgment, Innovation, Interpersonal Tact, Expertise)	(See DA Pam 623-3, para 2-6)					
c. 4) Leads: (Leads Others, Builds Trust, Extends Influence beyond the Chain of Command, Leads by Example, Communicates)	(See DA Pam 623-3, para 2-6)					
c. 5) Develops: (Creates a positive command/ workplace environment/Fosters Esprit de Corps, Prepares Self, Develops Others, Stewards the Profession)	(See DA Pam 623-3, para 2-6)					
c. 6) Achieves: (Gets Results)	(See DA Pam 623-3, para 2-6)					
<b>PART V - INTERMEDIATE RATER</b>						
(See DA Pam 623-3, para 2-7)						
<b>PART VI - SENIOR RATER</b>						
a. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA)			b. I currently senior rate _____ Army Officers in this grade.			
<input type="checkbox"/> MOST QUALIFIED (limited to 49%) <input type="checkbox"/> HIGHLY QUALIFIED <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED			c. COMMENTS ON POTENTIAL:  (See DA Pam 623-3, para 2-8)    d. List 3 future <b>SUCCESSIVE</b> assignments for which this Officer is best suited:  (See DA Pam 623-3, para 2-8)			

DA FORM 67-10-1, MAR 2019

Page 2 of 2  
APD LC v1.00ES

Figure 2-2. Example of DA Form 67-10-1-Continued (page 2)

HQDA#:

FIELD GRADE PLATE (O4 - O5; CW3 - CW5) OFFICER EVALUATION REPORT						See Privacy Act Statement in AR 623-3.	
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.							
<b>PART I - ADMINISTRATIVE (Rated Officer)</b>							
a. NAME (Last, First, Middle Initial)		b. SSN (or DOD ID No.)		c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH	f. COMPONENT (Status Code)
LAST, FIRST, MIDDLE INITIAL		000000000		MAJ	20180704	AG	
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND				h. UIC		i. REASON FOR SUBMISSION	
HHC, 5th EN BN, Fort Leonard Wood, MO 65473 FORSCOM				WBAOAA		03   Change of Rater	
j. PERIOD COVERED		k. RATED MONTHS	l. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)		
FROM (YYYYMMDD) 20180904		THRU (YYYYMMDD) 20190304	6		.gov or .mil email address		
<b>PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VI and the administrative data is correct)</b>							
a1. NAME OF RATER (Last, First, Middle Initial)		a2. SSN (or DOD ID No.)		a3. RANK	a4. POSITION		
LAST, FIRST, MIDDLE INITIAL		111111111		MAJ	Brigade Executive Officer		
a5. EMAIL ADDRESS (.gov or .mil)		a6. RATER SIGNATURE			a7. DATE (YYYYMMDD)		
.gov or .mil email address							
b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)		b2. SSN (or DOD ID No.)		b3. RANK	b4. POSITION		
b5. EMAIL ADDRESS (.gov or .mil)		b6. INTERMEDIATE RATER SIGNATURE			b7. DATE (YYYYMMDD)		
c1. NAME OF SENIOR RATER (Last, First, Middle Initial)		c2. SSN (or DOD ID No.)		c3. RANK	c4. POSITION		
LAST, FIRST, MIDDLE INITIAL		222222222		COL	Brigade Commander		
c5. SENIOR RATER'S ORGANIZATION		c6. BRANCH	c7. COMPONENT	c9. EMAIL ADDRESS (.gov or .mil)			
4th Maneuver Enhanced BDE, Fort Leonard Wood, Missouri, 65473		EN	RA	.gov or .mil email address			
		c8. SENIOR RATER PHONE NUMBER		c10. SENIOR RATER SIGNATURE		c11. DATE (YYYYMMDD)	
		777-888-9999					
d. This is a referred report, do you wish to make comments?				e1. RATED OFFICER SIGNATURE		e2. DATE (YYYYMMDD)	
<input type="checkbox"/> Referred <input type="checkbox"/> Yes, comments are attached <input type="checkbox"/> No							
f1. Supplementary Review Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				f2. NAME OF REVIEWER (Last, First, Middle Initial)			
f3. RANK		f4. POSITION		f5. Comments Enclosed			
f6. SUPPLEMENTARY REVIEWER SIGNATURE		f7. DATE (YYYYMMDD)					
<b>PART III - DUTY DESCRIPTION</b>							
a. PRINCIPAL DUTY TITLE				b. POSITION AOC/BRANCH			
Brigade S-1				42A00			
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES							
(See DA Pam 623-3, para 2-11)							
<b>PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)</b>							
a. APFT Pass/Fail/Profile: _____ Date: _____ Height: _____ Weight: _____ Within Standard? _____							
Comments required for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards?							
(See DA Pam 623-3, para 2-12)							
b. THIS OFFICER POSSESSES SKILLS AND QUALITIES FOR THE FOLLOWING BROADENING ASSIGNMENTS							
(See DA Pam 623-3, para 2-12)							
c. THIS OFFICER POSSESSES SKILLS AND QUALITIES FOR THE FOLLOWING OPERATIONAL ASSIGNMENTS							
(See DA Pam 623-3, para 2-12)							
d1. Character:		(See DA Pam 623-3, para 2-12)					
(Adherence to Army Values, Empathy, and Warrior Ethos/Service Ethos and Discipline. Fully supports SHARP, EO, and EEO.)							

DA FORM 67-10-2, MAR 2019

Page 1 of 2  
APD LC v1.00ES

Figure 2-3. Example of DA Form 67-10-2 (page 1)

HQDA#:											
NAME LAST, FIRST, MIDDLE INITIAL	SSN (or DOD ID No.) 000000000	PERIOD COVERED: FROM (YYYYMMDD) 20180904	THRU (YYYYMMDD) 20190304								
<p>d2. Provide narrative comments which demonstrate performance regarding field grade competencies and attributes in the Rated Officer's current duty position. (i.e. demonstrates excellent presence, confidence and resilience in expected duties and unexpected situation, adjusts to external influence on the mission or tasks and organization, prioritizes limited resources to accomplish mission, proactive in developing others through individual coaching counseling and mentoring, active learner to master organizational level knowledge, critical thinking and visioning skills, anticipates and provides for subordinates on-the-job needs for training and development, effective communicator across echelons and outside the Army chain of command, effective at engaging others, presenting information and recommendations and persuasion, highly proficient at critical thinking, judgment and innovation, proficient in utilizing Army design method and other to solve complex problems, uses all influence techniques to empower others; proactive in gaining trust in negotiations, remains respectful, firm and fair. Fully supports SHARP and creates a positive command/workplace environment.)</p>											
<p>COMMENTS:</p> <p>(See DA Pam 623-3, para 2-12)</p>											
<p>e. This Officer's overall Performance is Rated as: (Select one box representing Rated Officer's overall performance compared to others of the same grade whom you have rated in your career. Managed at less than 50% in EXCELS.)</p> <p>I currently rate _____ Army Officers in this grade.</p> <p>A completed DA Form 67-10-1A was received with this report and considered in my evaluation and review: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain in comments below)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="background-color: yellow; padding: 2px;"><b>EXCELS (49%)</b></td> <td style="background-color: yellow; padding: 2px;"><b>PROFICIENT</b></td> <td style="background-color: yellow; padding: 2px;"><b>CAPABLE</b></td> <td style="background-color: yellow; padding: 2px;"><b>UNSATISFACTORY</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				<b>EXCELS (49%)</b>	<b>PROFICIENT</b>	<b>CAPABLE</b>	<b>UNSATISFACTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXCELS (49%)</b>	<b>PROFICIENT</b>	<b>CAPABLE</b>	<b>UNSATISFACTORY</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>Comments:</p> <p>(See DA Pam 623-3, para 2-12)</p>											
<b>PART V - INTERMEDIATE RATER</b>											
<p>(See DA Pam 623-3, para 2-13)</p>											
<b>PART VI - SENIOR RATER</b>											
<p>a. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA)</p> <p><input type="checkbox"/> MOST QUALIFIED (limited to 49%)</p> <p><input type="checkbox"/> HIGHLY QUALIFIED</p> <p><input type="checkbox"/> QUALIFIED</p> <p><input type="checkbox"/> NOT QUALIFIED</p>	<p>b. I currently senior rate _____ Army Officers in this grade.</p> <p>c. COMMENTS ON POTENTIAL:</p> <p>(See DA Pam 623-3, para 2-14)</p>										
<p>d. List 3 future <b>SUCCESSIVE</b> assignments for which this Officer is best suited:</p> <p>(See DA Pam 623-3, para 2-14)</p>											

DA FORM 67-10-2, MAR 2019
Page 2 of 2  
APD LC v1.00ES

Figure 2–3. Example of DA Form 67–10–2–Continued (page 2)



HQDA#:		<b>STRATEGIC GRADE PLATE (O6) OFFICER EVALUATION REPORT</b>				<b>See Privacy Act Statement in AR 623-3.</b>	
<b>PART I - ADMINISTRATIVE (Rated Officer)</b>							
a. NAME (Last, First, Middle Initial)		b. SSN (or DOD ID No.)		c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH	f. COMPONENT (Status Code)
LAST, FIRST, MIDDLE INITIAL		222222222		COL	20180301	IN	
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND				h. UIC		i. REASON FOR SUBMISSION	
HQDA, OACSIM PENTAGON, WASHINGTON, DC 20310				W089AA		04   Change of Duty	
j. PERIOD COVERED		k. RATED MONTHS	l. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)		
FROM (YYYYMMDD) THRU (YYYYMMDD)		4	I, Q		.gov or .mil email address		
20180401		20181001					
<b>PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VI and the administrative data is correct)</b>							
a1. NAME OF RATER (Last, First, Middle Initial)				a2. SSN (or DOD ID No.)	a3. RANK	a4. POSITION	
LAST, FIRST, MIDDLE INITIAL				111111111	LTG	ACSIM	
a5. EMAIL ADDRESS (.gov or .mil)				a6. RATER SIGNATURE		a7. DATE (YYYYMMDD)	
.gov or .mil email address							
b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)				b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION	
b5. EMAIL ADDRESS (.gov or .mil)				b6. INTERMEDIATE RATER SIGNATURE		b7. DATE (YYYYMMDD)	
c1. NAME OF SENIOR RATER (Last, First, Middle Initial)				c2. SSN (or DOD ID No.)	c3. RANK	c4. POSITION	
LAST, FIRST, MIDDLE INITIAL				111111111	LTG	ACSIM	
c5. SENIOR RATER'S ORGANIZATION		c6. BRANCH	c7. COMPONENT	c9. EMAIL ADDRESS (.gov or .mil)			
HQDA, ACoS Installation Management, 600 Army Pentagon, Washington, DC 20310		GO	RA	.gov or .mil email address			
		c8. SENIOR RATER PHONE NUMBER		c10. SENIOR RATER SIGNATURE		c11. DATE (YYYYMMDD)	
		999 999 9999					
d. This is a referred report, do you wish to make comments?				e1. RATED OFFICER SIGNATURE		e2. DATE (YYYYMMDD)	
<input type="checkbox"/> Referred <input type="checkbox"/> Yes, comments are attached <input checked="" type="checkbox"/> No							
f1. Supplementary Review Required?				f2. NAME OF REVIEWER (Last, First, Middle Initial)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
f3. RANK		f4. POSITION		f5. Comments Enclosed			
f6. SUPPLEMENTARY REVIEWER SIGNATURE			f7. DATE (YYYYMMDD)				
<b>PART III - DUTY DESCRIPTION</b>							
a. PRINCIPAL DUTY TITLE				b. POSITION AOC/BRANCH			
Executive Officer				01A00			
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES							
(See DA Pam 623-3, para 2-17)							
<b>PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)</b>							
a. APFT Pass/Fail/Profile: _____ Date: _____ Height: _____ Weight: _____ Within Standard? _____							
Comments required for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards?							
(See DA Pam 623-3, para 2-18)							
b. THIS OFFICER POSSESSES SKILLS AND QUALITIES FOR THE FOLLOWING STRATEGIC ASSIGNMENTS							
(See DA Pam 623-3, para 2-18)							
c1. Character:				(See DA Pam 623-3, para 2-18)			
(Adherence to Army Values, Empathy, and Warrior Ethos/Service Ethos and Discipline. Fully supports SHARP, EO, and EEO.)							

DA FORM 67-10-3, MAR 2019

Page 1 of 2  
APD LC v1.00ES

Figure 2-4. Example of DA Form 67-10-3 (page 1)

HQDA#:			
NAME LAST, FIRST, MIDDLE INITIAL	SSN (or DOD ID No.) 222222222	PERIOD COVERED: FROM (YYYYMMDD) 20180401	THRU (YYYYMMDD) 20181001
<p><b>c2. Provide narrative comments which demonstrate performance and potential regarding strategic competencies in the Rated Officer's current duty position. (i.e. providing vision, motivation, and inspiration; negotiating within and beyond national boundaries; building strategic consensus; leading and inspiring change; dealing with uncertainty and ambiguity; creates a positive environment to prepare for the future; expanding knowledge in cultural and geopolitical areas; self-awareness and recognition of impact on others; building team skills and processes; allocating the right resources; capitalizing on unified action partner assets; capitalizing on technology; accomplishes missions consistently and ethically. Fully supports SHARP and creates a positive command/workplace environment.)</b></p> <p>A completed DA Form 67-10-1A was received with this report and considered in my evaluation and review <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)</p>			
<p>COMMENTS ON PERFORMANCE:</p> <p>(See DA Pam 623-3, para 2-18)</p>			
<p>COMMENTS ON POTENTIAL:</p> <p>(See DA Pam 623-3, para 2-18)</p>			
<p align="center"><b>PART V - INTERMEDIATE RATER</b></p>			
<p>(See DA Pam 623-3, para 2-19)</p>			
<p align="center"><b>PART VI - SENIOR RATER</b></p>			
<p><b>a. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA)</b></p> <p><input type="checkbox"/> <b>MULTI-STAR POTENTIAL</b> (limited to 24%)</p> <p><input type="checkbox"/> <b>PROMOTE TO BG</b> (25% to 49%)</p> <p><input type="checkbox"/> <b>RETAIN AS COLONEL</b></p> <p><input type="checkbox"/> <b>UNSATISFACTORY</b></p> <p>Note: Combined cumulative percentages of both "MULTI-STAR POTENTIAL" and "PROMOTE TO BG" must be less than 50%.</p>		<p>b. I currently senior rate _____ Army Officers in this grade.</p> <p>c. COMMENTS ON POTENTIAL:</p> <p>See DA Pam 623-3, para 2-20</p>	
<p>d. List 3 future <b>SUCCESSIVE</b> assignments for which this Officer is best suited:</p> <p>(See DA Pam 623-3, para 2-20)</p>			

DA FORM 67-10-3, MAR 2019

Page 2 of 2  
APD LC v1.00ES

Figure 2-4. Example of DA Form 67-10-3-Continued (page 2)

HQDA#:

STRATEGIC GRADE PLATE GENERAL OFFICER EVALUATION REPORT						See Privacy Act Statement in AR 623-3.	
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.							
<b>PART I - ADMINISTRATIVE (Rated Officer)</b>							
a. NAME (Last, First, Middle Initial)			b. SSN (or DOD ID No.)		c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH
LAST, FIRST, MIDDLE INITIAL			111111111		BG	20181201	GO
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND					h. UIC		i. REASON FOR SUBMISSION
Installation Management Command, Ft. Sam Houston, TX 78234 IMCOM					W6BDAA		03   Change of Rater
j. PERIOD COVERED		k. RATED MONTHS	l. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)		
FROM (YYYYMMDD) 20180401		THRU (YYYYMMDD) 20181201	7		.gov or .mil email address		
<b>PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VI and the administrative data is correct)</b>							
a1. NAME OF RATER (Last, First, Middle Initial)				a2. SSN (or DOD ID No.)	a3. RANK	a4. POSITION	
LAST, FIRST, MIDDLE INITIAL				222222222	LTG	CG, IMCOM	
a5. EMAIL ADDRESS (.gov or .mil)				a6. RATER SIGNATURE		a7. DATE (YYYYMMDD)	
.gov or .mil email address							
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)				b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION	
LAST, FIRST, MIDDLE INITIAL				222222222	LTG	CG, IMCOM	
b5. SENIOR RATER'S ORGANIZATION		b6. BRANCH	b7. COMPONENT	b9. EMAIL ADDRESS (.gov or .mil)			
Installation Management Command		GO	RA	.gov or .mil email address			
600 Army Pentagon Drive, Washington DC 20310		b8. SENIOR RATER PHONE NUMBER		b10. SENIOR RATER SIGNATURE		b11. DATE (YYYYMMDD)	
		999 999 9999					
c. This is a referred report, do you wish to make comments?				d1. RATED OFFICER SIGNATURE		d2. DATE (YYYYMMDD)	
<input type="checkbox"/> Referred <input type="checkbox"/> Yes, comments are attached <input type="checkbox"/> No							
<b>PART III - DUTY DESCRIPTION</b>							
a. PRINCIPAL DUTY TITLE				b. POSITION AOC/BANCH			
G8/Director of Resource Management				GO/BC36 (FIN MG)			
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES							
(See DA Pam 623-3, para 2-23)							
<b>PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)</b>							
a. APFT Pass/Fail/Profile: _____ Date: _____ Height: _____ Weight: _____ Within Standard? _____							
Comments required for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards?							
(See DA Pam 623-3, para 2-24)							
b. COMMENTS ON CHARACTER & POTENTIAL:							
(See DA Pam 623-3, para 2-24)							
<b>PART V - SENIOR RATER EVALUATION</b>							
COMMENTS ON CHARACTER & POTENTIAL:							
(See DA Pam 623-3, para 2-25)							

DA FORM 67-10-4, NOV 2015

APD LC v1.00ES

Figure 2-5. Example of DA Form 67-10-4



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Rated Officer's Name and Address)*

SUBJECT: Officer Evaluation Report (OER) Referral for *(Rated Officer's Name, Rank, SSN, Report Period Covered)*

1. Under the provisions of AR 623-3, Evaluation Reporting System, paragraph *(cite the appropriate reference)*, and DA Pam 623-3, Evaluation Reporting System, *(cite the appropriate reference)*, the enclosed copy of your DA Form 67-10 series OER, for the period *("From Date" of evaluation)* through *("Thru Date" of evaluation)* is referred to you for acknowledgement. The specific reason for referral is *(cite reason(s) found in AR 623-3)*.
2. You must acknowledge receipt of the enclosed copy of your OER and you may make comments, if desired. Any comments submitted must be factual, concise, and limited to matters directly related to the evaluation on the referred report. Enclosures to any comments you provide are not authorized and will be withdrawn prior to forwarding the report, referral, acknowledgement, and comments *(if any)* to HQDA.
3. Should you elect to submit comments with your acknowledgement, you are advised that they will not constitute a request for a Commander's Inquiry or evaluation report appeal. Such requests must be submitted separately under the provisions of AR 623-3, chapter 4.
4. Acknowledge receipt of the referred OER and submit any desired comments to me, in accordance with the above indicated suspense date.

Encl  
as

*(Signature block of the senior rater)*

Notes:

1. The electronic DA Form 67-10 series OER in the Evaluation Entry System application has a pre-prepared format for a referral memorandum as an enclosure to the basic form. If the electronic enclosure is used instead of a separate memorandum, the format will be completed and digitally signed, then submitted to the rated officer as an enclosure to the completed OER during the referral process.
2. Acceptable forms of acknowledgment include: signed OER, email, signed certified mail document, signed acknowledgement memorandum, signed comments, etc.
3. This example memorandum is also applicable for Academic Evaluation Report (AER) referrals with obvious substitutions of OER referenced content with applicable AER content.

Figure 2-6. Sample format for referral memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Senior Rater's Name and Address)*

SUBJECT: Acknowledgement of Receipt of OER/AER Referral Memorandum

1. I have read and acknowledged the OER/AER referral memorandum, which I received on (enter date).
2. I acknowledge that I have the opportunity to respond by submitting comments on my behalf in defense, extenuation, or mitigation of the evaluation. I further understand that my comments, if submitted, do not constitute a request for a Commander's/Commandant's Inquiry or evaluation report appeal. If I choose to submit written comments, I understand that I must submit them by the stated suspense date.
3. I elect (select one):
  - [ a. ] Not to submit comments on my behalf.
  - [ b. ] To submit written comments by the stated suspense date. I understand that if I select this option, but do not submit written comments by the suspense date, I may waive my right to respond.

*(Signature block and address of rate officer, if different than address on letterhead)*

**Notes:**

1. This example memorandum is also applicable for Academic Evaluation Report (AER) referral acknowledgements with obvious substitutions of OER referenced content with applicable AER content.

**Figure 2-7. Sample format for acknowledgment memorandum**

## **2–29. “Relief for Cause” officer evaluation report instructions**

If a rated officer or warrant officer is officially relieved (see AR 623–3), the following specific instructions apply to completing a “Relief for Cause” OER:

*a.* DA Form 67–10–1 and DA Form 67–10–2.

(1) The performance evaluation box check in part IV of the OER must reflect “UNSATISFACTORY” or “CAPABLE.” An “UNSATISFACTORY” recommendation is consistent with relief action and does not need further explanation. However, raters who select “CAPABLE” must explain their recommendation and reasons in view of the action to relieve.

(2) The senior rater’s potential evaluation in part VI, block a of DA Form 67–10 series OERs must reflect “NOT QUALIFIED” or “QUALIFIED.” A “NOT QUALIFIED” recommendation by the senior rater in part VI, block a is consistent with a relief action and does not need further explanation. However, senior raters who select “QUALIFIED” must explain their recommendation and reasons in view of the action to relieve.

*b.* DA Form 67–10–3. The senior rater’s potential evaluation box check in part VI, block a of the DA Form 67–10–3 must reflect “UNSATISFACTORY” or “RETAIN AS COLONEL.” An “UNSATISFACTORY” recommendation by the senior rater is consistent with relief action and does not need further explanation. However, senior raters who select “RETAIN AS COLONEL” must explain their recommendation and reasons in view of the action to relieve. The rating restriction in paragraphs 2–29*a* and 2–29*b* does not apply to a rating official who has not directed the relief and does not agree with the relief. However, they must state their non-concurrence in the comments portion of the OER. The OER will identify the rating official who directed the relief. This official will clearly explain the reason for relief in their narrative portion of the OER. If the relief is directed by someone not in the designated rating chain, the official directing the relief will describe the reasons for the relief in an enclosure to the OER (see fig 2–8 for a sample “Relief for Cause” directed by a non-rating official memorandum).

*c.* If the relief was directed by the senior rater or an individual other than the rated officer’s rating officials, the OER will be reviewed by the first Army officer in the organization or chain of supervision above the individual directing the relief. The reviewing official’s information will be annotated on the completed DA Form 67–10–1, DA Form 67–10–2, or DA Form 67–10–3 in part II, blocks f. Should the reviewing official provide comments, the reviewing official will select “YES” in block f7 and attach comments. For DA Forms 67–10–4 that require review, a memorandum will need to be prepared and attached to the completed evaluation (see fig 2–9 for a sample supplementary review for “Relief for Cause” memorandum). These documents are provided under the enclosure tab of the electronic OER (wizard application associated with the electronic form within the EES).



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Rated Soldier's Name, Rank, SSN, Period Covered)*

SUBJECT: Relief for Cause Evaluation Report Directed by an Official Other than Rater or Senior Rater

1. Under the provisions of AR 623-3, Evaluation Reporting System, paragraph *(cite the appropriate reference for OER or NCOER)*, and AR 600-20, paragraph 2-17, I am relieving you of command/your duties as *(duty title/position)* *(include substantiated information describing the reason for the relief)*.
2. *(Provide a POC name and DSN number, or a commercial number if DSN is not used or if the rated Soldier is an ARNG or USAR Soldier not on active duty.)*

*(Signature block of relieving official)*

Figure 2–8. Sample format “Relief for Cause” directed by a non-rating official memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Rated Officer's Name, Rank, SSN, Report Period Covered)*

SUBJECT: Supplementary Review of Relief for Cause OER, NCOER or Academic Failure AER

1. As required by AR 623-3, Evaluation Reporting System, an additional review of the referenced relief for cause OER was made by me, using paragraph *(cite the appropriate reference)* as the principal source of guidance.
2. As a result of my review, I submit the following comments:

*(Signature block of the reviewer)*

Figure 2–9. Sample format supplementary review “Relief for Cause” memorandum





DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Appropriate Agency – Appendix B)*

SUBJECT: Request for issue of International service member rater identification number used for Army evaluation reports

1. Under the provisions of DA Pam 623-3, Evaluation Reporting System, requests the issuance of an international service member rater identification number for use when assessing U.S. Army officers or NCOs on Army evaluation reports for the following allied forces service member serving in the capacity of a rater.

*(Insert the allied force rater's complete name, rank, to include the NATO equivalent rank, country, duration of report period covered, contact information to include a valid email address).*

2. The following individual will serve as the allied forces service member's delegate. The identified delegate will provide required support and assistance to the allied forces service member for Army evaluation matters:

*(Insert the CAC enabled U.S Army Soldier/DA Civilian delegate's complete name, rank, contact information, duration to serve as the allied forces service member's delegate, contact information to include valid email address).*

3. Questions or concerns regarding this request may contact *(Be sure to include a telephone number, preferably DSN, and email address which you may be reached.*

*(Signature block with mailing address,  
if other than address on letterhead)*

Figure 2–10. Sample format for request of an international rater identification number memorandum

HQDA#:		<b>SERVICE SCHOOL ACADEMIC EVALUATION REPORT</b> For use of this form, see AR 623-3; the proponent agency is DCS, G-1.			See Privacy Act Statement in AR 623-3.	
<b>PART I - ADMINISTRATIVE DATA</b>						
a. NAME (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL		b. DOD ID No. 1111111111	c. RANK 1LT	d. BRANCH AR	e. SPECIALTY/PMOSC 19A00	
f. COURSE TITLE (SEE DA PAM 623-3, TABLE 4-1)			g. NAME AND LOCATION OF SCHOOL (SEE DA PAM 623-3, TABLE 4-1)			
h. DURATION OF COURSE FROM (YYYYMMDD) THRU (YYYYMMDD) 20190715 20191015		i. COMPONENT RA	j. NO. OF ENCLOSURES	k. RATED STUDENT'S EMAIL ADDRESS (.gov or .mil) (SEE DA PAM 623-3, TABLE 4-1)		
l. REASON FOR SUBMISSION						
<input checked="" type="checkbox"/> COURSE COMPLETION		<input type="checkbox"/> INTERIM REPORT		<input type="checkbox"/> AHRC DIRECTED		<input type="checkbox"/> DID NOT GRADUATE
MILITARY EDUCATION LEVEL: _____		<input type="checkbox"/> PHASE COMPLETION / PHASE # _____ OF _____		<input type="checkbox"/> RELEASED EARLY (NO FAULT OF STUDENT)		
<b>PART II - ACADEMIC ACHIEVEMENT (ACADEMIC RATER)</b>						
a. DOES SOLDIER FULLY SUPPORT SHARP, EO, AND EEO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (comments are required)			b. APFT PASS / FAIL / PROFILE: <u>PASS</u> DATE: <u>20190718</u>			
d. OVERALL GRADE POINT AVERAGE: <u>3.80</u> of <u>4.00</u>			c. HEIGHT: <u>72</u> WEIGHT: <u>170</u> WITHIN STANDARD? <u>Yes</u> Comments required below, for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.			
e1. ASI/SQI AWARDED:		I. COMMENTS:				
SKILL IDENTIFIER:		<div style="text-align: center; font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">DRAFT</div>				
e2. CODE:						
<b>f. CHARACTER/ACCOUNTABILITY:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
<b>g. PRESENCE/COMPREHENSIVE FITNESS:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
<b>h. INTELLECT/CRITICAL THINKING &amp; PROBLEM SOLVING:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
<b>i. LEADS/COMMUNICATION &amp; ENGAGEMENT:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
<b>j. DEVELOPS/COLLABORATION:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
<b>k. ACHIEVES/LIFE LONG LEARNER:</b>						
FAR EXCEEDED STANDARDS <input type="checkbox"/> EXCEEDED STANDARDS <input type="checkbox"/> MET STANDARDS <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/>						
m. SPECIAL PROJECT(S) OR PAPER(S):						
1) (SEE DA PAM 623-3, TABLE 4-2)						
2) _____						
3) _____						
<b>PART III - OVERALL ACADEMIC ACHIEVEMENT (REVIEWING OFFICIAL)</b>						
a. Select one box representing Rated Student's overall academic achievement. Rated Student's class standing is # _____ of _____ (Class Standing use is limited to top 40%)			b. COMMENTS:			
<input type="checkbox"/> Commandant's List (limited to 20%)			(SEE DA PAM 623-3, TABLE 4-3)			
<input type="checkbox"/> Superior Academic Achievement (21% to 40%)						
<input type="checkbox"/> Achieved Course Standards						
<input type="checkbox"/> Failed to Achieve Course Standards						
c. RATED STUDENT HAS DEMONSTRATED APTITUDE FOR THE FOLLOWING ASSIGNMENT(S):						
1) (SEE DA PAM 623-3, TABLE 4-3)    2) (SEE DA PAM 623-3, TABLE 4-3)    3) (SEE DA PAM 623-3, TABLE 4-3)						


DA FORM 1059, MAR 2019

PREVIOUS EDITIONS ARE OBSOLETE.

APD LC v1.00ES Page 1 of 2

Figure 4-1. Sample of DA Form 1059

HQDA#:

<b>CIVILIAN INSTITUTION ACADEMIC EVALUATION REPORT</b>				<b>See Privacy Act Statement in AR 623-3.</b>	
For use of this form, see AR 623-3; the proponent agency is DCS, G-1.					
<b>PART I - ADMINISTRATIVE DATA</b>					
a. NAME (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL		b. DOD ID No. 1111111111	c. RANK MAJ	d. BRANCH IN	e. SPECIALTY/PMOSC 11A00
f. COURSE TITLE (SEE DA PAM 623-3, TABLE 4-5)			g. NAME AND LOCATION OF SCHOOL (SEE DA PAM 623-3, TABLE 4-5)		
h. DURATION OF COURSE FROM (YYYYMMDD) THRU (YYYYMMDD) 20190601 20200801		i. COMPONENT (Status Code) RA	j. NO. OF ENCLOSURES	k. RATED STUDENT'S EMAIL ADDRESS (.gov or .mil) .gov or .mil email address	
l. REASON FOR SUBMISSION					
<input checked="" type="checkbox"/> COURSE COMPLETION		<input type="checkbox"/> INTERIM REPORT		<input type="checkbox"/> INITIAL REPORT	
<input type="checkbox"/> AHRC DIRECTED		<input type="checkbox"/> RELEASED EARLY (NO FAULT OF STUDENT)		PROJECTED GRADUATION DATE: _____	
m. REASON FOR ATTENDANCE (SEE DA PAM 623-3, TABLE 4-5)					
<b>PART II - DEMONSTRATED ABILITIES</b> (To be completed by the Civilian Institution)					
a. DOES SOLDIER FULLY SUPPORT SHARP, EO, AND EEO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (comments are required)		b. APFT PASS / FAIL / PROFILE: <u>PASS</u> DATE: <u>20190605</u>			
d. OVERALL GRADE POINT AVERAGE: <u>3.98</u> of <u>4.00</u>		c. HEIGHT: <u>72</u> WEIGHT: <u>170</u> WITHIN STANDARD? <u>Yes</u> Comments required below, for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.			
e. <b>Written Communication</b> (Comment on student's written communication to include such items as written assignments, research proposals, publications submissions, and publications)  (SEE DA PAM 623-3, TABLE 4-6)					
					
f. <b>Oral Communication</b> (Comment on student's oral communication to include such items as instruction and presentations)  (SEE DA PAM 623-3, TABLE 4-6)					
g. <b>Research Ability</b> (Comment on student's research abilities to include such items as performance in research/statistical coursework, research proposals statistical analysis, and grant writing)  (SEE DA PAM 623-3, TABLE 4-6)					
h. <b>ACADEMIC EVALUATION</b> (To be completed by the Civilian Institution) ATTACH AN OFFICIAL TRANSCRIPT IN DUPLICATE EVALUATION (Evaluation of Student Performance should be based on the normal standard of performance at the institution. Identify the discipline of study, degree, and any special achievements, leadership opportunities, or deficiencies noted, etc. Include aptitude for further schooling)  (SEE DA PAM 623-3, TABLE 4-6)					
i. SPECIAL PROJECT(S) OR PAPER(S): 1) (SEE DA PAM 623-3, TABLE 4-6) 2) _____ 3) _____					
<b>PART III - ADMINISTRATIVE REVIEW</b> (To be completed by the Administrative Reviewer)					
a. DID THE STUDENT SUCCESSFULLY COMPLETE THE COURSE? (A "NO" response must be supported by comments in block b. An Official Transcript must be attached prior to submission of the report to the AMHRR) <input type="checkbox"/> YES <input type="checkbox"/> NO					
b. ADMINISTRATIVE REVIEWER COMMENTS  (SEE DA PAM 623-3, TABLE 4-7)					
c. RATED STUDENT HAS DEMONSTRATED APTITUDE FOR THE FOLLOWING UTILIZATION TOUR/FOLLOW-ON ASSIGNMENT(S): 1) (SEE DA PAM 623-3, TABLE 4-7) 2) (SEE DA PAM 623-3, TABLE 4-7) 3) (SEE DA PAM 623-3, TABLE 4-7)					

DA FORM 1059-1, MAR 2019

PREVIOUS EDITIONS ARE OBSOLETE.

APD LC v1.00ES Page 1 of 3

Figure 4-2. Sample of a DA Form 1059-1

HQDA#:		<b>SENIOR SERVICE AND COMMAND AND GENERAL STAFF COLLEGE ACADEMIC EVALUATION REPORT</b> For use of this form, see AR 623-3; the proponent agency is DCS, G-1.				See Privacy Act Statement in AR 623-3.	
<b>PART I - ADMINISTRATIVE DATA</b>							
a. NAME (Last, First, Middle Initial) LAST, FIRST, MIDDLE INITIAL			b. DOD ID No. 1111111111		c. RANK LTC	d. BRANCH IN	e. SPECIALTY/PMOSC 11A00
f. COURSE TITLE (SEE DA PAM 623-3, TABLE 4-9)				g. NAME AND LOCATION OF SCHOOL (SEE DA PAM 623-3, TABLE 4-9)			
h. DURATION OF COURSE FROM (YYYYMMDD) 20190813 THRU (YYYYMMDD) 20200611		i. COMPONENT RA	j. NO. OF ENCLOSURES		k. RATED STUDENT'S EMAIL ADDRESS (.gov or .mil) .gov or .mil email address		
l. REASON FOR SUBMISSION							
<input checked="" type="checkbox"/> COURSE COMPLETION		<input type="checkbox"/> INTERIM REPORT		<input type="checkbox"/> AHRC DIRECTED		<input type="checkbox"/> DID NOT GRADUATE	
MILITARY EDUCATION LEVEL: _____		<input type="checkbox"/> PHASE COMPLETION / PHASE # _____ OF _____		<input type="checkbox"/> RELEASED EARLY (NO FAULT OF STUDENT)			
<b>PART II - ACADEMIC PERFORMANCE (ACADEMIC RATER)</b>							
a. DOES SOLDIER FULLY SUPPORT SHARP, EO, AND EEO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (comments are required)			b. APFT PASS / FAIL / PROFILE: <u>PASS</u> DATE: <u>20190830</u>			c. HEIGHT: <u>72</u> WEIGHT: <u>170</u> WITHIN STANDARD? <u>Yes</u> Comments required below, for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.	
d. OVERALL GRADE POINT AVERAGE: <u>3.89</u> of <u>4.00</u>		e1. ASI/SQI AWARDED: SKILL IDENTIFIER: _____ e2. CODE: _____		f. JOINT EDUCATION CREDIT: <input type="checkbox"/> JPME I <input type="checkbox"/> JPME II			
g. <b>Strategic Thinking:</b> Assess the rated Student ability to: think critically, creatively, and systemically; employ an ethical reasoning framework; evaluate contrasting viewpoints; apply historical lessons; and draw valid conclusions.  <input type="checkbox"/> Distinguished Performance <input type="checkbox"/> Superior Performance <input checked="" type="checkbox"/> Performed to Standards <input type="checkbox"/> Did Not Meet Standards Comments: (SEE DA PAM 623-3, TABLE 4-10)							
h. <b>Written Communication:</b> Assess the rated Student ability to: write clearly, concisely, and correctly; convey ideas convincingly; and use sources skillfully.  <input type="checkbox"/> Distinguished Performance <input checked="" type="checkbox"/> Superior Performance <input type="checkbox"/> Performed to Standards <input type="checkbox"/> Did Not Meet Standards Comments: (SEE DA PAM 623-3, TABLE 4-10)							
i. <b>Oral Communication:</b> Assess the rated Student ability to: speak clearly, correctly, and confidently; convey ideas convincingly; and negotiate effectively.  <input type="checkbox"/> Distinguished Performance <input type="checkbox"/> Superior Performance <input type="checkbox"/> Performed to Standards <input type="checkbox"/> Did Not Meet Standards Comments: (SEE DA PAM 623-3, TABLE 4-10)							
j. Demonstrated Knowledge, Skills, and Abilities Relevant to Future Assignments; Notable Academic Performance: Comments:  (SEE DA PAM 623-3, TABLE 4-10)							
k. SPECIAL PROJECT(S) OR PAPER(S): 1) (SEE DA PAM 623-3, TABLE 4-10) 2) (SEE DA PAM 623-3, TABLE 4-10) 3) (SEE DA PAM 623-3, TABLE 4-10)							
<b>PART III - OVERALL ACADEMIC ACHIEVEMENT AND POTENTIAL</b>							
a. Overall Academic Achievement:  <input type="checkbox"/> Distinguished Graduate (limited to 10%) <input type="checkbox"/> Superior Graduate (11 % to 30%) <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Graduate				b. COMMENTS:  (SEE DA PAM 623-3, TABLE 4-11)			

DA FORM 1059-2, MAY 2018
PREVIOUS EDITIONS ARE OBSOLETE.
APD LC v1.00ES Page 1 of 2

Figure 4–3. Sample of a DA Form 1059–2



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR (Appropriate Agency – Appendix B)

SUBJECT: Addendum to a Previously-Submitted OER/NCOER/AER (Rated Soldier's Name, Rank, SSN, Report Period Covered)

1. The information described in the enclosed documents became known and was verified after the submission of the above indicated OER/NCOER/AER that is now a matter of permanent record in the Soldier's AMHRR.
2. Each rating official on the subject OER/NCOER/AER was made aware of this new information. After considering the newly-received information, the (*rater, intermediate rater, senior rater, or reviewing official*) of the original evaluation chain decided that it is significant enough to warrant additional comments. Their comments are at enclosures 1, 2, and so forth.
3. A copy of my referral to the rated officer (or NCO) is also enclosed. The rated officer's (or NCO's) acknowledgement and comments are at enclosure (*enter number*). -**-OR--** The rated officer (or NCO) failed to respond.

# Encls

1. Copy of evaluation report
2. (*Number and list enclosures of appropriate evidence*)

(Signature block of first U.S. Army commander aware of the verified derogatory information)

Figure 5–1. Sample format for an addendum–commander's cover memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR U.S. Army Human Resources Command, 1600 Spearhead Division  
Avenue, Department 470, Fort Knox, KY 40121

SUBJECT: Rater (or Senior Rater) Addendum to (OER, NCOER, or AER) for (Rated Soldier's  
Name, Rank, SSN or DoDID, Report Period Covered)

1. In accordance with AR 623-3 and DA Pam 623-3, as the *(rater, intermediate rater, senior rater, or academic reviewing official)*, I am submitting an addendum to HQDA evaluation *(enter HQDA evaluation ID number)* on *(enter rated Soldier's name)* (OER, NCOER, or AER).

2. This addendum results from the commander's findings on an AR 15-6 Investigation, concluded on *(enter date)*, in which the commander substantiated findings of *(state specific finding)* by *(enter rated Soldier's rank and name)*. On *(enter date)*, I was provided a copy of the commander's findings and recommendations, along with a complete copy of the investigation.

3. Had I been aware of this derogatory information at the time I originally prepared the evaluation report, I would have completed the evaluation as shown below:

a. In *(state the specific area, e.g. Part IVc.)*, I would have deleted all current comments and replaced them with the following: *(enter assessment based on derogatory information)*. Further, in this same area, I would have checked *(indicate the appropriate selection, if applicable)*.

b. In *(state the specific area, e.g. Part IVe.)*, I would have added the following comment: *(enter comments)*. In this same area, I would have removed the following: *(enter content that would have not been written)*.

c. In *(state the specific area, e.g. Part IVb., IVb, Vc)*, I would not have included any assignments.

4. The point of contact for this memorandum is the undersigned at (email address and phone number).

# Encls

1. Copy of evaluation report
2. *(Number and list enclosures of appropriate evidence)*

*(Signature block of first U.S. Army commander aware of the verified derogatory information)*

Figure 5–2. Sample format for an addendum–rating official's response memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR (Appropriate Agency – Appendix B)

SUBJECT: Evaluation Report Appeal (Appellant's Name, Rank, SSN, Report Period Covered, HQDA Evaluation ID number (as applicable))

1. Under the provisions of AR 623-3, Evaluation Reporting System, Chapter 4, I appeal the subject evaluation report. (Include pending personnel actions and appeal processing priority.)

2. This appeal is based solely on administrative error. (Identify each portion of the report with which you disagree. State each entry as it appears and as it correctly should appear.)

3. (Include certified true copies of related documents to support your request, for example, rating schemes in effect throughout the entire rating period, orders, leave and earnings statements, APFT scorecard (DA Form 705) or other valid documents to verify correction of the error. Original statements from knowledgeable individuals also may be included to support your request.)

4. (Be sure to include a telephone number, preferably DSN, at which you may be reached. Notify the addressee promptly if your address changes.)

# Encls

1. Copy of evaluation report
2. (Number and list enclosures of appropriate evidence)

(Signature block with mailing address,  
if other than address on letterhead)

Figure 6–1. Sample format for an administrative appeal memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR *(Appropriate Agency – Appendix B)*

SUBJECT: Evaluation Report Appeal *(Appellant's Name, Rank, SSN, Report Period Covered)*

1. Under the provisions of AR 623-3, Evaluation Reporting System, chapter 4, I appeal the subject evaluation report. *(Include your current promotion/career status, pending personnel actions, and appeal processing priority.)*
2. The basis of this appeal is substantive inaccuracy. *(Use this paragraph to briefly identify the specific portion of the report and basis of your disagreement. Avoid general allegations. Be clear, brief, and specific. If a detailed explanation is essential to your appeal, include your own statements as an enclosure to the appeal. Limit the information in this statement to basic facts. Be sure to support your appeal with relevant statements from knowledgeable observers.)*
3. *(Request the specific corrective action you believe is justified by evidence you provide. Your request may be a single change to one portion of the evaluation report or removal of the entire report. Your request must be supported by sufficient evidence to warrant the requested correction.) If the evaluation report exceeds the 3-year time limit outlined in paragraph 4-8, add a paragraph explaining why a waiver should be granted. Only exceptional justification will be accepted by the Army Special Review Board who is the approval authority for waiver requests.)*
4. *(Provide a POC and DSN number, or a commercial number if DSN is not used or if the rated Soldier is an ARNG or USAR Soldier not on active duty.)*

# Encls

1. Copy of evaluation report
2. *(Number and list enclosures of appropriate evidence)*

*(Signature block with mailing address, if other than address on letterhead)*

Figure 6–2. Sample format for a substantive appeal memorandum





DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR (Appropriate Agency – Appendix B)

SUBJECT: Evaluation Report Appeal (Appellant's Name, Rank, SSN, Report Period Covered)

1. Under the provisions of AR 623-3, Evaluation Reporting System, Chapter 4, I appeal the subject evaluation report. *(Include pending personnel actions and appeal processing priority.)*

2. This appeal is based on both administrative and substantive error. *(Identify the specific portion of the report you believe is in error. State each entry as it now appears and as it should appear. Support your claim of technical error with certified true copies of verifying documents, for example, rating schemes in effect throughout the entire rating period, orders, leave and earnings statements, APFT scorecard (DA Form 705) or other valid documents related to your appeal.)*

3. The substantive error is.... *(Identify the specific portion of the report and state your disagreement. Be clear, brief, and specific. Limit your explanation to basic facts. If detailed information is essential to support your appeal, include with your appeal statements from knowledgeable individuals independent of the rating chain. Statements from the rating officials may be added as supplemental information.)*

4. *(Request the specific changes you believe are justified by the evidence you provide. Your request may be a combination of changes or a total removal of the report. Remember that you must document your request with sufficient evidence to warrant corrective action. If the THRU date of the OER or NCOER exceeds the 3-year time limit as outlined in AR 623-3, paragraph 4-8, add a paragraph explaining why a waiver should be granted. Only exceptional justification will be accepted by the SRB, the approval authority for waivers.)*

5. *(Be sure to include a telephone number, preferably DSN, at which you may be reached. Notify the addressee promptly if your address changes.)*

# Encls

1. Copy of evaluation report
2. *(Number and list enclosures of appropriate evidence)*

*(Signature block with mailing address, if other than address on letterhead)*

Figure 6–3. Sample format for a combined administrative and substantive appeal memorandum



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

*Third Party Name*  
*Street Address*  
*City, State, Zip Code*

Dear *(third party name)*:

The purpose of this letter is to seek your assistance in my effort to successfully appeal an evaluation report rendered for the period *(report start date)* through *(report end date)*, when I served as *(appellant's duty position)*.

*(In the body of the request letter, cite those portions of the contested report you would like to have addressed by the recipient of the letter. You may wish to also enclose a copy of the contested report. Request that the addressee follow the sample memorandum format for third party support and enclose a copy of the sample memorandum in figure 6-5.)*

*(To be assistance the addressee, you may wish to enclose a self-addressed, stamped envelope and mention in the letter that this has been done.)*

*(In closing, you may wish to urge a prompt response and thank the addressee in advance for any and all assistance he/she might provide.)*

Sincerely,

*(Signature block with mailing address,  
if other than address on letterhead)*

Enclosures

Figure 6-4. Sample format for a letter requesting third-party support



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNIT NAME  
STREET ADDRESS  
CITY, STATE 12345-0001

(Office Symbol)

(Date)

MEMORANDUM FOR\* (See note)

SUBJECT: Supporting Statement for Evaluation Report Appeal of (*Appellant's Name, Rank, SSN*)

1. During the period from (*duty start date*) through (*duty end date*) I served as (*author's duty position and unit of assignment*). In that position, I observed (*appellant's name, followed by wording describing the frequency or closeness of observation, including, if appropriate, whether the author was knowledgeable of the working relationship between the appellant and the rating chain and/or their expectations of him/her*).
2. (*In the body of the support memorandum, relate any firsthand knowledge of events and circumstances that might be of assistance to the appellant in attempting to individually refute the specific shortcomings for which he/she was faulted on the contested evaluation report.*)
3. (*Support the request with related documents, for example, orders, leave and earnings statements, or other documents.*)
4. (*Provide a telephone number, preferably DSN, where you may be reached by the review board, if clarification is needed.*)

(*Signature block with mailing address,  
if other than address on letterhead*)

\* Note: The memorandum may be addressed to either the rated Soldier, to whom it may concern, or the agency that will adjudicate the appeal. However, the statement must be provided to the rated Soldier for inclusion with his/her appeal and not sent to the adjudicating agency.

Figure 6–5. Sample format for a third party-support memorandum