OFFICER PERFORMANCE REPORT (Lt thru Col)								
I. RATEE IDENTIFICATION DATA (Read AFI 36-2: 1. NAME (Last, First, Middle Initial)	406 carefully before 2. SSN	filling in any item 3. RANK	4. DAFSC	5. REASON FOR	REPORT	6. PAS CODE		
1. NAIVIE (Last, First, Middle IIIIdal)	2. 33N	J. KANK	4. DAI 30	J. KLASON I OK	KLFOKT	o. PAS CODE		
7. ORGANIZATION, COMMAND, LOCATION, AND COM			8. PERIOD	OF REPORT	9. NO. DAYS SUI	₽V.		
				FROM		NO. DAYS NON-	DATED	
				THRU		NO. DATS NON-	KATED	
II. JOB DESCRIPTION (Limit text to 4 lines)						10. SRID		
DUTY TITLE								
III. PERFORMANCE FACTORS				MEI	DOES NOT ET STANDARDS	MEETS STANDARDS		
Job Knowledge, Leadership Skills (to include Promoting a Healthy Organizational Climate). Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills (see reverse if marked Does Not Meet Standards)								
IV. RATER OVERALL ASSESSMENT (Limit text to	o 6 lines)							
Last performance feedback was accomplished on:	(1	AW AFI 36-2406) (If not accomplis	shed, state the reas	on)			
_								
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION DUT						DATE		
		SSN	SIGNATURE					
		<u> </u>	<u> </u>		_			
V. ADDITIONAL RATER OVERALL ASSESSME	ines)	CONCUR	NON-CONCUR					
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION DUTY TITLE				DATE				
		SSN	SIGNATURE					
VI. REVIEWER (If required, limit text to 3 lines)			CONCUR		NON-CONCUR	!		
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOC	CATION	DUTY TITLE				DATE		
MANIE, GRADE, BR OF SVO, ORGIN, GOWINIAND & ESC	CATION	DOTT TITLE				DATE		
		SSN	SIGNATURE			I		
VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (Indicate applicable review by marking the appropriate box)			ONAL EXAMINER	R A	IR FORCE ADVIS	OR		
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LO	DUTY TITLE				DATE			
		SSN	SIGNATURE					
VIII. RATEE'S ACKNOWLEDGMENT								
		SIGNATU	RE			DATE		
I understand my signature does not constitute agreement disagreement. I acknowledge all required feedback was								
accomplished during the reporting period and upon receip of this report.	t							

RATEE NAME:						
IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s]) MEE						
1. Job Knowledge. Has knowledge required to perform duties effe	ectively. Strives to improve knowledge. Applies knowledge to handle non-routing	e situations.				
	Healthy Organizational Climate. Works well with others. Fosters teamwork. Disporting of subordinates. Fair and consistent in evaluation of subordinates.	plays				
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force Standards (i.e. Fitness standards, dress and appearance, customs and courtesies, and professional conduct.) Accepts personal responsibility. Is fair and objective.						
	s resources effectively. Meets suspenses. Schedules work for self and others e	quitably and				
	ons. Emphasizes logic in decision making. Retains composure in stressful situal requirements. Acts to take advantage of opportunities.	ions.				
6. Communication Skills. Listens, speaks, and writes effectively.						
X. REMARKS (use this section to spell out acronyms from the from	t)					
XI. REFERRAL REPORT (Complete only if report contains referre	al comments or the overall standards block is marked as does not meet standard	ds)				
I am referring this OPR to you according to AFI 36-2406, para 1.10. It	contains comment(s)/rating(s) that make(s) the report a referral as defined in AF					
Specifically,						
-						
Acknowledge receipt by signing and dating below. Your signature mer	rely acknowledges that a referral report has been rendered; it does not imply according	eptance of or agreement with				
the ratings or comments on the report. Once signed, you are entitled to	o a copy of this memo. You may submit rebuttal comments. Send your written of	comments to:				
submit attachments (limit to 10 pages), but they must directly relate to report for file in your personnel record. Copies of previous reports, etc already filed in your records. Your rebuttal comments/attachments mas substantiate and document them. Contact the MPS, Force Managem It is important for you to be aware that receiving a referral report may a your commander and/or MPS or Air Force Contact Center if you desire	below. If you need additional time, you may request an extension from the indivice the reason this report was referred. Pertinent attachments not maintained elsew for submitted as attachments will be removed from your rebuttal package prior to the young to contain any reflection on the character, conduct, integrity, or motives of the ent section, or the AF Contact Center if you require any assistance in preparing yaffect your eligibility for other personnel related actions (e.g. assignments, promo a more information on this subject. If you believe this report is inaccurate, unjust, chapter 10, Correction of Officer and Enlisted Evaluation Reports, once the report	where will remain attached to the iling since these documents are e evaluator unless you can fully your reply to the referral report. tions, etc.). You may consult or unfairly prejudicial to your				
NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR	DUTY TITLE	DATE				
	SIGNATURE					
SIGNATURE OF RATEE		DATE				
	INSTRUCTIONS					
ALL: Recommendations must be based on performance and the pote completion of or enrollment in Developmental Education, advanced ed family activities, marital status, race, sex, ethnic origin, age, religion or	ential based on that performance. Promotion recommendations are prohibited. I ducation, previous or anticipated promotion recommendations on AF Form 709, C sexual orientation. Evaluators enter only the last four numbers of SSN.	Do not comment on IPR endorsement levels,				
	how well he or she did it, and how the officer contributed to mission accomplishn dations for assignment. Provide a copy of the report to the ratee prior to the repoperformance resulted in this final product.					
ADDITIONAL RATER: Carefully review the rater's evaluation to en evaluation. You may not direct a change in the evaluation. If you still assignment.	sure it is accurate, unbiased and uninflated. If you disagree, you may ask the ra disagree with the rater, mark "NON-CONCUR" and explain. You may include re-	ter to review his or her commendation for				
REVIEWER: Carefully review the rater's and additional rater's rating form. If you disagree with previous evaluators, you may ask them to readditional rater, mark "NON-CONCUR" and explain in Section VI. Do	is and comments. If their evaluations are accurate, unbiased and uninflated, man eview their evaluations. You may not direct them to change their appraisals. If y not use "NON-CONCUR" simply to provide comments on the report.	k "CONCUR" and sign the ou still disagree with the				
RATEE: Your signature is merely an acknowledgement of receipt of appeal through the Evaluation Reports Appeals Board IAW AFI 36-24(Correction of Military Records IAW AFI 36-2603 (Air Force Board for C Military Records (AFBCMR).	this report. It does not constitute concurrence. If you disagree with the content, 06 Chapter 10 (Correcting Officer and Enlisted Evaluation Reports), or through the Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air	you may file an evaluation le Air Force Board for Force Board for Correction of				
PRIVACY ACT STATEMENT						
PURPOSE: Used to document effectiveness/duty performance hi separation; research and statistical analysis. ROUTINE USES: May specifically be disclosed outside the DoD a	ary of the Air Force: AFI 36-2406, and Executive Order 9397 (SSN), as ame istory; promotion, school and assignment selection; reduction-in-force; continuas a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Use on the processed or to positively identify the person being evaluated. Records	rol roster; reenlistment;				

(PRI

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974.