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| **ENLISTED PERFORMANCE REPORT *(AB thru TSgt)*** | | | | | | | | | | | | |
| **PRIVACY ACT STATEMENT**  *AUTHORITY: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force; AFI 36-2406, and Executive Order 9397 (SSN), as amended. PURPOSE: Used to document effectiveness/duty performance history; promotion; school and assignment selection; reduction-in-force; control roster; reenlistment; separation; research and statistical analysis.*  *ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply. DISCLOSURE: Voluntary. Not providing SSN may cause form to not be processed or to positively identify the person being evaluated*  *SORN: F036 AF PC A, Effectiveness/Performance Reporting Records* | | | | | | | | | | | | |
| **I. RATEE IDENTIFICATION DATA** *(Refer to AFI 36-2406 for instructions on completing this form)* | | | | | | | | | | | | |
| 1. NAME *(Last, First, Middle Initial)* | | | | | | 2. SSN | | | 3. RANK | | | 4. DAFSC  «DAFSC» |
| 5. ORGANIZATION, COMMAND, AND LOCATION  «Org» | | | | | | | 6. PAS CODE | | | | 7. FDID | |
| 8. PERIOD OF REPORT *(DD Mmm YYYY)*  From:«ReportFrom» Thru: «ReportThru» | | 9. NO. DAYS NON-RATED  «DaysNonRated» | | 10. NO. DAYS SUPERVISION  «DaysRated» | | | | 11. REASON FOR REPORT  «ReportReason» | | | | |
| **II. JOB DESCRIPTION** | | | | | | | | | | | | |
| 1. DUTY TITLE  «DutyTitle» | | | | | | | | | | | | |
| 2. KEY DUTIES, TASKS, AND RESPONSIBILITIES *(Primary and Additional Duties) (Minimum of 1 line, but limited to 4 lines)*  «KeyDuties» | | | | | | | | | | | | |
| **III. PERFORMANCE IN PRIMARY DUTIES/TRAINING REQUIREMENTS** *(Using AFI 36-2618. The Enlisted Force Structure, as the standard of performance expectations commensurate with the ratee's rank; assess to what degree the ratee complied with the following performance expectations.)* | | | | | | | | | | | | |
| 1. **Task Knowledge/Proficiency:** Consider the quality, quantity, results, and impact of the Airman's knowledge and ability to accomplish tasks. **Initiative/**  **Motivation:** Describes the degree of willingness to execute duties, motivate colleagues, and develop innovative new processes. **Skill Level Upgrade Training:** Consider skill level awarding course, CDC timeliness completion, course exam results, and completion of core task training. **Duty Position Requirements, Qualifications, and Certifications:** Consider duty position qualifications, career field certifications *(if applicable),* and readiness requirements. **Training of**  **Others:** Consider the impact the Airman made training others. | | | | | | | | | | | | |
| Not-Rated  «III\_1» | Met some but not all expectations  «III\_2» | | Met all expectations  «III\_3» | | Exceeded some, but not all expectations  «III\_4» | | | | | Exceed most, if not all expectations  «III\_5» | | |
| 2. COMMENTS *(Minimum 1 line, but limited to 6 lines)*  «BulletsTaskKnowledge» | | | | | | | | | | | | |
| **IV. FOLLOWERSHIP/LEADERSHIP** | | | | | | | | | | | | |
| 1. **Resource Utilization (e.g. Time Management, Equipment, Manpower, and Budget):** Consider how effectively the Airman utilizes resources to accomplish  the mission. **Complies with/Enforces Standards:** Consider personal adherence and enforcement of fitness standards, dress and personal appearance, customs and courtesies, and professional conduct. **Communication Skills:** Describes how well the Airman receives and relays information, thoughts, and ideas up and down the chain of command (includes listening, reading, speaking, and writing skills); fosters an environment for open dialogue. **Caring, Respectful, and Dignified Environment (Teamwork):** Rate how well the Airman selflessly considers others, values diversity, and sets the stage for an environment of dignity and respect; to include promoting a healthy organizational climate. | | | | | | | | | | | | |
| Not-Rated  «IV\_1» | Met some but not all expectations  «IV\_2» | | Met all expectations  «IV\_3» | | Exceeded some, but not all expectations  «IV\_4» | | | | | Exceed most, if not all expectations  «IV\_5» | | |
| 2. COMMENTS *(Minimum 1 line, but limited to 2 lines)*  «BulletsFollowership» | | | | | | | | | | | | |
| **V. WHOLE AIRMAN CONCEPT** | | | | | | | | | | | | |
| 1. **Air Force Core Values:** Consider how well the Airman adopts, internalizes, and demonstrates our Air Force Core Values of Integrity First, Service Before Self, and Excellence in All We Do. **Personal and Professional Development:** Consider the amount of effort the Airman devoted to improving themselves and their work center/unit through education and involvement. **Esprit De Corps and Community Relations:** Consider how well the Airman promotes camaraderie, embraces esprit de corps, and acts as an Air Force ambassador. | | | | | | | | | | | | |
| Not-Rated  «V\_1» | Met some but not all expectations  «V\_2» | | Met all expectations  «V\_3» | | Exceeded some, but not all expectations  «V\_4» | | | | | Exceed most, if not all expectations  «V\_5» | | |
| 2. COMMENTS *(Minimum 1 line, but limited to 2 lines)*  «BulletsWholeAirman» | | | | | | | | | | | | |

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| **VI. OVERALL PERFORMANCE ASSESSMENT** *(Overall during rating period commensurate with Sections III-V.)* | | | *assessment of performance* | | | | | RATEE NAME: | |
| Not-Rated  «VI\_1» | Met some but not all expectations  «VI\_2» | | Met all expectations  «VI\_3» | | Exceeded some, but not all expectations  «VI\_4» | | Exceed most, if not all expectations  «VI\_5» | | |
| **VII. RATER INFORMATION** *(Signature signifies this is an unbiased assessment and all ACA feedback sessions were completed as required per AFI 36-2406)* | | | | | | | | | |
| NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION  «RaterName» | | | | DUTY TITLE  «RaterDutyTitle» | | SSN | | | DATE  «RaterDate» |
| Type of Signature  Digital | | SIGNATURE | | | |
| **VIII. ADDITIONAL RATER'S COMMENTS** | | | | | | «VIIIC\_2»CONCUR «VIIIC\_1» NON-CONCUR | | | |
| 1. COMMENTS *(Comments are optional unless required for Referral; if not used, state "This Section Not Used") (Minimum of 1 line, but maximum of 2 lines)*  «BulletsAdditionalRater» | | | | | | | | | |
| NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION  «AddlRaterName» | | | | DUTY TITLE  «AddlRaterDutyTitle» | | SSN | | | DATE  «AddlRaterDate» |
| Type of Signature  Digital | | | | | SIGNATURE |
| **IX. UNIT COMMANDER/MILITARY OR CIVILIAN DIRECTOR/OTHER AUTHORIZED REVIEWER'S COMMENTS** | | | | | | «IXC\_2»CONCUR «IXC\_1» NON-CONCUR | | | |
| 1. COMMENTS *(Comments are optional with a maximum of 1 line, if not used, state “This Section Not Used”.)*  «BulletsCommander» | | | | | | | | | |
| 2. FUTURE ROLES *(Recommend up to three roles/assignments that best serve the Air Force and continues the Airman’s development)*  1. «FutureRole1» 2. «FutureRole2» 3. «FutureRole3» | | | | | | | | | |
| 3. PROMOTION ELIGIBLE  *(Promotion eligibility as-of closeout date)*  «PromotionEligible» | | 4. THIS IS A REFERRAL REPORT  «Referral» | | | | 5. QUALITY FORCE REVIEW *(Ratee's personnel record has been reviewed for quality force indicators during the reporting period)*  «QualityForceReview» | | | |
| 6. PROMOTION RECOMMENDATION *(Completed by Forced Distribution Authority only when member is TIG/TIS promotion eligible on EPR closeout date)* | | | | | | | | | |
| DO NOT PROMOTE  «IXP\_1» | NOT READY NOW  «IXP\_2» | | | PROMOTE  «IXP\_3» | | MUST PROMOTE  «IXP\_4» | | | PROMOTE NOW  «IXP\_5» |
| NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION  «UnitCCName» | | | | DUTY TITLE  «UnitCCDutyTitle» | | SSN | | | DATE  «UnitCCDate» |
| Type of Signature  Digital | | | | | SIGNATURE |
| **X. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR**  *(Indicate applicable review by marking the appropriate box)* | | | | | | FUNCTIONAL EXAMINER | | | AIR FORCE ADVISOR |
| NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION | | | | DUTY TITLE | | SSN | | | DATE |
| Type of Signature  Digital | | | | | SIGNATURE |
| **XI. REMARKS** *(Only use this section to spell out uncommon acronyms or to place required comments IAW AFI 36-2406.)* | | | | | | | | | |
| «Remarks» | | | | | | | | | |
| **XII. RATEE’S ACKNOWLEDGEMENT** *I acknowledge all required ACA feedback was accomplished during the reporting period and feedback was provided*  *upon receipt of this report (unless otherwise stated above).* | | | | | | | | | |
| Type of Signature  Digital | | | SIGNATURE | | «Username» | | | | DATE |

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