OFFICER PERFORMANCE REPORT (Lt thru Col)									
I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)									
1. NAME (Last, First, Middle Initial)	2. SSN	3. RANK	4. DAFSC	5. REA	SON FOR F	REPORT	6. PAS	CODE	
7. ORGANIZATION, COMMAND, LOCATION, AND COM		1		8. PERIOD	OF REPORT	9	. NO. DAYS SUPV.		
					FROM				
					THRU		I N	IO. DAYS NON-RATED	
II IOD DESCRIPTION (Limit to at to a linear)					111110			10. SRID	
II. JOB DESCRIPTION (Limit text to 4 lines) DUTY TITLE								TO. SIND	
III. PERFORMANCE FACTORS						DOES NOT T STANDARDS		MEETS ANDARDS	
Job Knowledge, Leadership Skills (to include Promoting a Organizational Skills, Judgment and Decisions, Communi									
IV. RATER OVERALL ASSESSMENT (Limit text t	o 6 lines)								
Last performance feedback was accomplished on:	(1	AW AFI 36-2406) (If not accomplish	hed, sta	te the reaso	on)			
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LO	CATION	DUTY TITLE						DATE	
		SSN	SIGNATURE						
V. ADDITIONAL RATER OVERALL ASSESSME	NT (Limit text to 4 li	ines)	CONCUR			NON-CONCU	₹		
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LO	CATION	DUTY TITLE						DATE	
	<i>5</i> ,5								
		SSN	SIGNATURE						
VI. REVIEWER (If required, limit text to 3 lines)			CONCUR			NON-CONCU	R		
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LO	CATION	DUTY TITLE						DATE	
		SSN	SIGNATURE						
VII. FUNCTIONAL EXAMINER/AIR FORCE ADV (Indicate applicable review by marking the appropriate bo		FUNCTION	ONAL EXAMINER		All	R FORCE ADVI	SOR		
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION DUTY TITLE								DATE	
		SSN	SIGNATURE						
VIII. RATEE'S ACKNOWLEDGMENT		1	I.						
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.		SIGNATU	RE					DATE	

RATEE NAME:		
IX. PERFORMANCE FACTORS (If Section III is marked Does No	t Meet Standards, fill in applicable block[s])	DOES NOT MEET STANDARDS
1. Job Knowledge. Has knowledge required to perform duties effect	ctively. Strives to improve knowledge. Applies knowledge to handle non-routing	ne situations.
	ealthy Organizational Climate. Works well with others. Fosters teamwork. Di fidence of subordinates. Fair and consistent in evaluation of subordinates.	splays
dress and appearance, customs and courtesies, and professional condu		
4. Organizational Skills. Plans, coordinates, schedules and uses effectively. Anticipates and solves problems.	resources effectively. Meets suspenses. Schedules work for self and others	equitably and
5. Judgment and Decisions. Makes timely and accurate decision Recognizes opportunities. Adheres to safety and occupational health re	ns. Emphasizes logic in decision making. Retains composure in stressful situated in the stressfu	ations.
6. Communication Skills. Listens, speaks, and writes effectively.		
X. REMARKS (use this section to spell out acronyms from the front)		
	comments or the overall standards block is marked as does not meet standar contains comment(s)/rating(s) that make(s) the report a referral as defined in A	
Specifically,	ontains comment(s)/raung(s) that make(s) the report a reletral as defined in A	11 1 30-2400, para, 1.10.
	ly acknowledges that a referral report has been rendered; it does not imply ac a copy of this memo. You may submit rebuttal comments. Send your written	
submit attachments (limit to 10 pages), but they must directly relate to the report for file in your personnel record. Copies of previous reports, etc. already filed in your records. Your rebuttal comments/attachments may substantiate and document them. Contact the MPS, Force Managemer It is important for you to be aware that receiving a referral report may aff your commander and/or MPS or Air Force Contact Center if you desire	How. If you need additional time, you may request an extension from the indivine reason this report was referred. Pertinent attachments not maintained else submitted as attachments will be removed from your rebuttal package prior or not contain any reflection on the character, conduct, integrity, or motives of the section, or the AF Contact Center if you require any assistance in preparing fect your eligibility for other personnel related actions (e.g. assignments, prommore information on this subject. If you believe this report is inaccurate, unjustapter 10, Correction of Officer and Enlisted Evaluation Reports, once the reports.	ewhere will remain attached to the filing since these documents are evaluator unless you can fully your reply to the referral report. totions, etc.). You may consult st, or unfairly prejudicial to your
NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR	DUTY TITLE	DATE
-	SIGNATURE	
SIGNATURE OF RATEE		DATE
	INOTRICTIONS	<u> </u>
ALL: Recommendations must be based on performance and the poter completion of or enrollment in Developmental Education, advanced edu family activities, marital status, race, sex, ethnic origin, age, religion or s	INSTRUCTIONS ntial based on that performance. Promotion recommendations are prohibited. cation, previous or anticipated promotion recommendations on AF Form 709, sexual orientation. Evaluators enter only the last four numbers of SSN.	Do not comment on OPR endorsement levels,
RATER: Focus your evaluation in Section IV on what the officer did, h "bullet" format. Your comments in Section IV may include recommenda record and provide follow-up feedback to let the ratee know how their pe	ow well he or she did it, and how the officer contributed to mission accomplish tions for assignment. Provide a copy of the report to the ratee prior to the rep erformance resulted in this final product.	nment. Write in concise port becoming a matter of
ADDITIONAL RATER: Carefully review the rater's evaluation to ensi evaluation. You may not direct a change in the evaluation. If you still diassignment.	ure it is accurate, unbiased and uninflated. If you disagree, you may ask the r isagree with the rater, mark "NON-CONCUR" and explain. You may include r	rater to review his or her ecommendation for
REVIEWER: Carefully review the rater's and additional rater's ratings form. If you disagree with previous evaluators, you may ask them to revadditional rater, mark "NON-CONCUR" and explain in Section VI. Do not not consider the provided HTML review of	and comments. If their evaluations are accurate, unbiased and uninflated, mayiew their evaluations. You may not direct them to change their appraisals. If ot use "NON-CONCUR" simply to provide comments on the report.	ark "CONCUR" and sign the you still disagree with the
RATEE: Your signature is merely an acknowledgement of receipt of the appeal through the Evaluation Reports Appeals Board IAW AFI 36-2406 Correction of Military Records IAW AFI 36-2603 (Air Force Board for Committee Military Records (AFBCMR).	nis report. It does not constitute concurrence. If you disagree with the content 6 Chapter 10 (Correcting Officer and Enlisted Evaluation Reports), or through prrection of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Ai	t, you may file an evaluation the Air Force Board for ir Force Board for Correction of
	PRIVACY ACT STATEMENT	
PURPOSE: Used to document effectiveness/duty performance hist separation; research and statistical analysis. ROUTINE USES: May specifically be disclosed outside the DoD as	y of the Air Force: AFI 36-2406, and Executive Order 9397 (SSN), as am tory; promotion, school and assignment selection; reduction-in-force; cons a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Use processed or to positively identify the person being evaluated. Records	ntrol roster; reenlistment;

(PREVIOUS EDITIONS ARE OBSOLETE)

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