

COMPANY GRADE OFFICER PERFORMANCE REPORT (2LT thru CAPT)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial)	2. SSN	3. GRADE	4. DAFSC
5. PERIOD OF REPORT From: _____ Thru: _____	6. NO. DAYS SUPERVISION		7. REASON FOR REPORT
8. ORGANIZATION, COMMAND, LOCATION			9. PAS CODE

II. UNIT MISSION DESCRIPTION

III. JOB DESCRIPTION

1. DUTY TITLE:

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES:

IV. IMPACT ON MISSION ACCOMPLISHMENT

V. PERFORMANCE FACTORS	DOES NOT MEET STANDARDS	MEETS STANDARDS
1. Job Knowledge Has knowledge required to perform duties effectively. Strives to improve knowledge.	<input type="checkbox"/>	<input type="checkbox"/>
2. Leadership Skills Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident.	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional Qualities Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.	<input type="checkbox"/>	<input type="checkbox"/>
4. Organizational Skills Demonstrates ability to plan, coordinate, schedule effectively, and uses resources effectively and efficiently. Meets suspenses.	<input type="checkbox"/>	<input type="checkbox"/>
5. Judgment and Decisions Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Requires minimal supervision.	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication Skills Listens, speaks, and writes effectively.	<input type="checkbox"/>	<input type="checkbox"/>

VI. RATER OVERALL ASSESSMENT		RATEE NAME:	
Last performance feedback was accomplished on: _____ (Consistent with the direction in AFI 36-2406.) <i>(If not accomplished, state the reason.)</i>			
NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE	
	SSN	SIGNATURE	
VII. ADDITIONAL RATER OVERALL ASSESSMENT		CONCUR	NONCONCUR
NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE	
	SSN	SIGNATURE	
VIII. REVIEWER		CONCUR	NONCONCUR
NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE	
	SSN	SIGNATURE	
Instructions			
<p>All: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in PME, advanced education, previous or anticipated promotion recommendations on AF Form 709, OER indorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. All evaluators enter only the last four numbers of SSN.</p> <p>Rater: Focus your evaluation in Section IV on what the officer did, how well he or she did it and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section VI may include recommendations for assignment.</p> <p>Additional Rater: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.</p> <p>Reviewer: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark the form "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NONCONCUR" and explain in Section VIII. Do not use "NONCONCUR" simply to provide comments on the report.</p>			
IX. ACQUISITION EXAMINER/AIR FORCE ADVISOR <i>(Indicate applicable review by marking the appropriate box(es).)</i>		ACQUISITION EXAMINER <i>(If applicable)</i>	AIR FORCE ADVISOR <i>(If applicable)</i>
NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	SIGNATURE		DATE