

OFFICER PERFORMANCE REPORT *(Lt thru Col)*

I. RATEE IDENTIFICATION DATA <i>(Read AFI 36-2406 carefully before filling in any item)</i>					
1. NAME <i>(Last, First, Middle Initial)</i>	2. SSN	3. RANK	4. DAFSC	5. REASON FOR REPORT	6. PAS CODE
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT				8. PERIOD OF REPORT FROM THRU	9. NO. DAYS SUPV. NO. DAYS NON-RATED
II. JOB DESCRIPTION <i>(Limit text to 4 lines)</i> DUTY TITLE					10. SRID
III. PERFORMANCE FACTORS					
				DOES NOT MEET 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)				<input type="checkbox"/>	<input type="checkbox"/>
IV. RATER OVERALL ASSESSMENT <i>(Limit text to 6 lines)</i>					
Last performance feedback was accomplished on: _____ (IAW AFI 36-2406) (If not accomplished, state the reason)					
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION		DUTY TITLE			DATE
		SSN	SIGNATURE		
V. ADDITIONAL RATER OVERALL ASSESSMENT <i>(Limit text to 4 lines)</i> <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR					
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION		DUTY TITLE			DATE
		SSN	SIGNATURE		
VI. REVIEWER <i>(If required, limit text to 3 lines)</i> <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR					
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION		DUTY TITLE			DATE
		SSN	SIGNATURE		
VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR <i>(Indicate applicable review by marking the appropriate box)</i> <input type="checkbox"/> FUNCTIONAL EXAMINER <input type="checkbox"/> AIR FORCE ADVISOR					
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION		DUTY TITLE			DATE
		SSN	SIGNATURE		
VIII. RATEE'S ACKNOWLEDGMENT					
I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report. Yes No <input type="checkbox"/> <input type="checkbox"/>				SIGNATURE	
				DATE	

RATEE NAME:		
IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block(s))	DOES NOT MEET STANDARDS	
1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.	<input type="checkbox"/>	
2. Leadership Skills. Sets and enforces standards. Promotes a Healthy Organizational Climate. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates Subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
4. Organizational Skills. Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.	<input type="checkbox"/>	
5. Judgment and Decisions. Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.	<input type="checkbox"/>	
6. Communication Skills. Listens, speaks, and writes effectively.	<input type="checkbox"/>	
X. REMARKS (use this section to spell out acronyms from the front)		
XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)		
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 AFI 36-2406, para, 1.10. Specifically, _____		
Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to: _____		
not later than 3 duty days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individuals named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPS, Force Management section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPS or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2406, Chapter 10, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 2.		
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 potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, religion or sexual orientation. Evaluators enter only the last four numbers of SSN.		
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 IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.		
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 recommendation for assignment.		
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "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 "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.		
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2406 Chapter 10 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).		
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		