



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

1 January 2019

MEMORANDUM FOR: 913th Airlift Group

FROM: 913 AG/CC

SUBJECT: Officer and Enlisted Performance Report Process

1. Effective performance reports are a crucial aspect of a member's military career and we owe it to our people to do our best in meeting this responsibility. Following the processes outlined in this guidance will help ensure the quality and timeliness of producing our group's performance reports and should yield an enhanced OPR/EPR production process. This local timeline has been established to ensure that our reports are submitted to the Air Reserve Personnel Center (ARPC) in Denver on time, i.e. NLT 45 calendar days after closeout. Squadron CSS personnel will maintain oversight of this "all electronic" process for their units.

2. Due to Privacy Act considerations, OPRs and EPRs will not be kept on the server. Anyone who "touches" a performance report during its creation or signature phase and who needs to maintain a copy will label it using a standard naming convention and save it to their hard drive. The "creator" of the report will utilize the standard AF performance report naming construct to label each report: **AF707/AF910/AF911** (whichever is applicable) **LASTNAME FIRST INITIAL LAST FOUR CLOSEOUT DATE** (2 digit year, 2 digit month, 2 digit day).

Example: AF707SMITHK1234080518

Each time a version of the draft performance report is "attached" in vPC, update the report label with "version1, version2", etc. Once the report is routed for signature and each signature is completed, continue to use the standard naming convention, but supplement it with "signed1, signed2", etc.

Examples: AF911JONESB1234080518version1; AF911JONESB1234080518signed1

The rater must always keep a copy of both the latest unsigned and the signed version in their files. Once a report is signed, changes cannot be made to the portion above the signature. If errors are later discovered after signatures have been applied, the report will need to be corrected and resubmitted for signature coordination.

3. Follow this general process for performance reports (more specific guidance may be obtained from the 913th FSS):

a. All performance reports **will be routed** in vPC for all phases of this process.

b. 90 days prior to the forecast performance report close out date, the squadron CSS will update the top 11 blocks and the signature blocks; upload the report “shell” and the appropriate blank performance report form in vPC. Once uploaded a notification will be sent to the rater of a pending report(s). The rater will review the data in the top 11 blocks (EPRs) or 10 blocks (OPRs) against the shell loaded into vPC and ensure all items are accurate. Contact CSS immediately if the information on the shell is incorrect and a corrected shell will be emailed to the rater. The corrected shell must be uploaded by the rater into vPC under “additional attachments”. Raters are ultimately responsible for inputting and ensuring the accuracy of the performance report.

c. For performance reports on O-5s and above, or any ratee who requires the signature of the 913 AG/CC, the squadron CSS will also attach the following required documents:

1. Current OPR/EPR (Note: Unsigned & Signed version)
2. Previous 2 OPRs/EPRs
3. Current FTF (PDF or HTML)

d. For OPRs, raters input their six draft rater bullets, four suggested additional-rater bullets, and proper acronym definitions on the back of the form. For EPRs, raters input the front side bullets and the suggested additional rater/unit commander bullets on the back. All acronyms used on the EPR will be defined in Section VI on AF910 or Section VII on AF911.

**Note that the correct format for an acronym definition is the word(s) followed by the acronym in parentheses followed by a semi-colon, and then the next acronym definition, listed in alphabetical order. Not all acronyms require explanation; raters should reference the 22nd AF list of acronyms for the list of pre-approved acronyms.

Example: Combat Arms Training Manager (CATM); Unit Training Assembly (UTA)

e. The rater will save the draft performance report to their computer using the standard naming convention outlined above, upload this draft version into vPC, and send it to the additional rater NLT 30 days prior to closeout date.

f. The additional rater will review the rater’s draft bullets, finalize their own bullets, name it appropriately with the next version label, and then save it on their computer.

Next they will upload this version into vPC and send it back to the rater prior to the closeout date.

g. For those reports that remain at the squadron level, the rater will make a final review and then begin the signature process no earlier than the day after the closeout date. Each signatory has 10 days to sign and forward to the next signatory (or the next UTA if the rater or additional rater is a Traditional Reservist, whichever date occurs first). The final ratee signature will be completed NLT 45 calendar days after closeout date (or the next UTA if the ratee is a Traditional Reservist, whichever occurs first). It is highly recommended that ratees who are unfamiliar with the vPC process sign and upload their performance report in the presence of their rater to ensure that it is processed and sent to ARPC correctly.

h. For those reports requiring 913 AG/CC review and signature, the Squadron Commander will forward the most current draft to the Group Executive Officer (Wing Commander or equivalent role) for review NLT 10 days prior to the closeout date (unless the Group Commander is, in fact, the additional rater and has already completed step E above). Squadron commanders will review all OPR's prior to being sent to the Group Executive Officer.

i. The 913 AG/CC will review and return the draft, requesting either the necessary corrections or to proceed with signature coordination, to the rater NLT the closeout date. For 913th AG HQ staff performance reports, the Group Commander will return the draft report to the Group Executive Officer for corrections or signature coordination.

4. OPRs requiring the 22 AF/CC signature must be completed locally within the prescribed timeline and sent to 22 AF/A1 NLT 20 calendar days after closeout; providing the NAF/CC the maximum amount of time to review and sign without making the report late. All OPRs requiring 22 AF/CC signature will go from the 913 AG/CC via vPC to 22 AF/A1 for processing.

5. For uncommon evaluations (e.g. CRO or Referral) coordinate with your CSS to ensure all requirements for the evaluation have been met. Typically, CRO reports are required when a rater has changed and they have completed at least 120 calendar days of supervision over the ratee. Regardless, a CRO evaluation should still follow the set maximum durations allowed for each step in the process. Additionally, it is understood that Referral performance reports are of an entirely different nature and require special processing. All referral reports are done in hard copy format with "wet signatures."

6. This process, while not revolutionary, will allow us to improve the accuracy, quality, and timeliness of all performance reports within the group. The 913th FSS will develop metrics concerning the status of group performance reports and ensure those metrics are reported to the

913 AG/CC. Squadron CSS personnel will support inquiries on the status of any performance report as necessary. Bottom-line: our success ultimately depends upon squadron CSS personnel maintaining oversight on the flow of evaluations, raters adhering to the timelines, and unit commanders ensuring compliance with this process. The key is to stay on time and ensuring attention to detail is maintained throughout the performance report process.

//SIGNED//

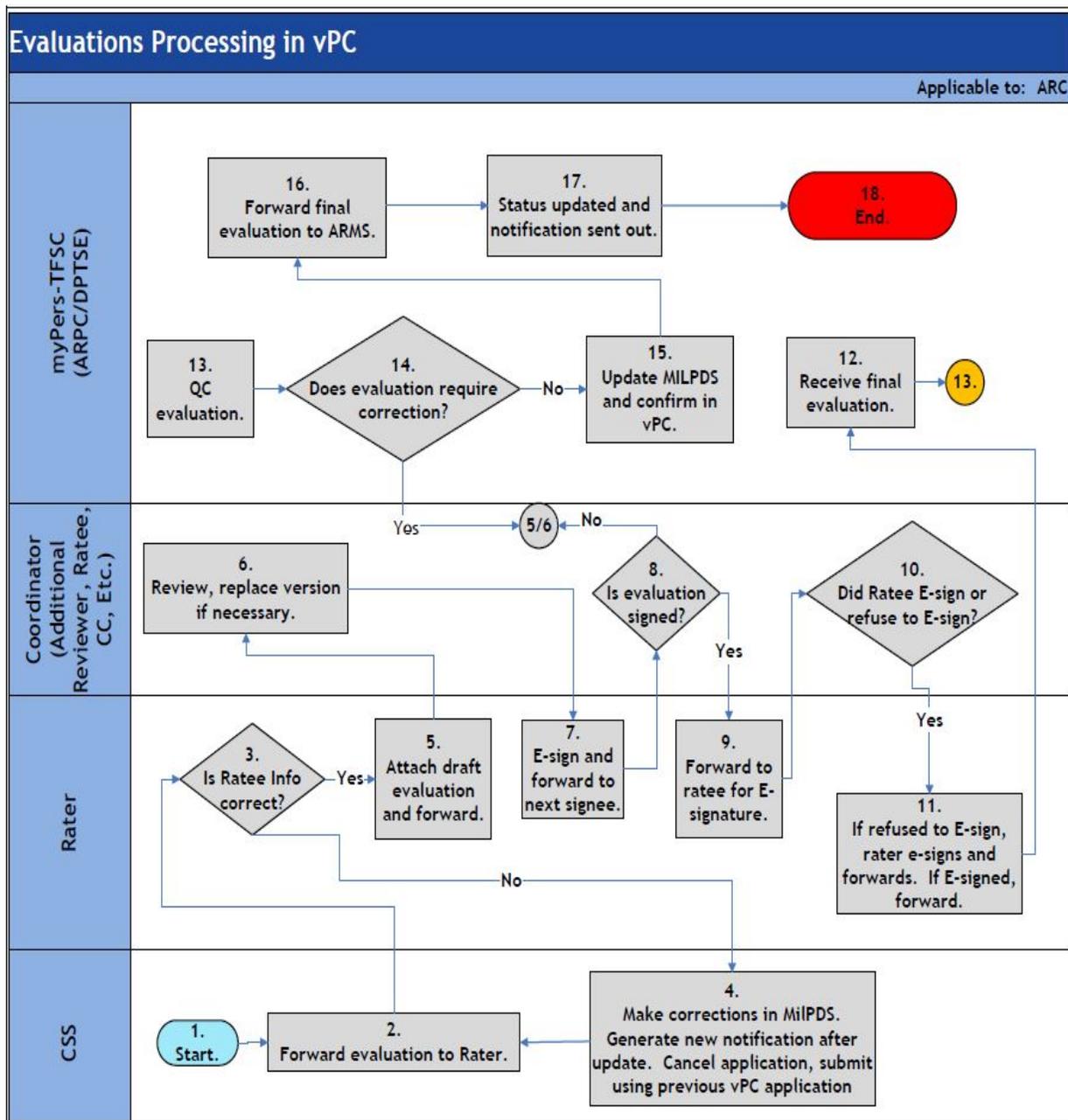
CHRISTOPHER T. LAY, Colonel, USAF
Commander

ATTACHMENTS:

1. Flow Diagram – EPR/OPR Routing and Approval
2. 22 AF Approved Acronym List
3. OPRs/EPRs myPers Information, References & Checklists

ATTACHMENT 1 Flow Diagram – EPR/OPR Routing and Approval

Figure 1. ARC Evaluations Process Flowchart. This flowchart outlines the vPC evaluation coordination process for ARC Airmen.



Attachment 2 COMMON ACRONYMS

The below listed abbreviations/acronyms are commonly known throughout the Air Force and do not have to be spelled out on first use. This is not an all-inclusive list, so please use good judgment. Try to ensure that everyone reading the OPR/EPR, regardless of AFSC or rank, will understand the acronym/abbreviation/brevity code. When in doubt, spell it out!

1. Ranks:

AB	TSgt	1Lt	Brig Gen
Amn	MSgt	Capt	Maj Gen
A1C	SMSgt	Maj	Lt Gen
SrA	CMSgt	Lt Col	Gen
SSgt	2Lt	Col	

2. MAJCOMs:

ACC	AFMC	AFSOC	PACAF
AETC	AFSC	AMC	USAFE

3. Wings, Numbered Air Forces, and Higher Headquarters: WR-ALC, ALC, 78 ABW, etc...

4. Commonly used Acronyms:

Note: When spelling an acronym out on the first use, each word is not always capitalized

ACSC	Air Command & Staff College	AOR	area of responsibility
ADPE	automated data processing equipment	ARC	air reserve components
AFAF	Air Force Assistance Fund	AT	antiterrorism
AEF	Air Expeditionary Force	AT/FP	antiterrorism/force protection
AF	Air Force	ATO	air tasking order
AFA	Air Force Association	ATOMS	Automated TO Mgmt System
AFB	Air Force Base	AWC	Air War College
AFIT	Air Force Institute of Technology	AWFC	Air Warfare Center
AFMC	Air Force Materiel Command	BDE	Basic Developmental Education
AFRC	Air Force Reserve Component	BTZ	below-the-zone
AFROTC	Air Force Reserve Officer Training Corps	C2	command and control
AFSPC	Air Force Space Command	C2ISR	command, control, intelligence, surveillance, and reconnaissance
AFSOC	Air Force Special Operations Command	C3	command, control, and communications
AFSOH	Air Force Occupational Safety & Health	C3I	command, control, communications, and intelligence
AFTO	Air Force Technical Order	C4	command, control, communications, and computers
AIA	Air Intelligence Agency	CAF	Combat Air Forces
AIB	accident investigation board	CAOC	Combined Air Operations Center
IN	army installation	CC	commander
ALS	Airman Leadership School	CCAF	Community College of the Air Force
ANG	Air National Guard	CDC	career development course
AOC	Air Operations Center		

CFACC	Combined Forces Air Component Commander	JA	Judge Advocate
CFC	Combined Federal Campaign	JAG	Judge Advocate General
CGO	company grade officer	JCS	Joint Chiefs of Staff
CINC	Commander-in-Chief	JFACC	Joint Forces Air Component Commander
civ	civilian	JIATF-E	Joint Inter-Agency Task Force-East
CJCS	Chairman, Joint Chiefs of Staff	JSTARS	Joint Surveillance Target and Radar System
COMACC	Commander, Air Combat Command	JTF	joint task force (when used in a generic sense)
COMSEC	communications security	JTF-SWA	Joint Task Force–Southwest Asia
CONOPS	concept of operations	JTFEX	Joint Task Force exercise
CONPLAN	operation plan in concept format	LAN	local area network
CONUS	continental United States	LOAC	law of armed conflict
COMSEC	communications security	LOX	liquid oxygen
CSAF	Chief of Staff, US Air Force	LZ	landing zone
CSAR	Combat Search and Rescue	MAJCOM	major command
CTF	combined task force	MEDEVAC	medical evacuation
CY	calendar year	MIA	missing in action
DETCO	detachment commander	MILCON	military construction
DG	distinguished graduate	MILSPEC	military specification
DMS	Defense Message System	MIL-STD	military standard
DO	director of operations	MOA	memorandum of agreement
DoD	Department of Defense	MOU	memorandum of understanding
DV	distinguished visitor	MQ	mission qualified
DZ	drop zone	MTF	military treatment facility
EOT	equal opportunity & treatment	MX	maintenance
EPR	enlisted performance report	NAF	Numbered Air Force
FAA	Federal Aviation Administration	NATO	North Atlantic Treaty Organization
flt	flight	NCO	noncommissioned officer
FOIA	Freedom of Information Act	NCOA	Noncommissioned Officer Academy
FP	force protection	NCOIC	noncommissioned officer in charge
FPCON	force protection condition	NORAD	North American Aerospace Defense Command
FY	fiscal year	NOSC	Network Ops Support Cell
GP/CC, Gp/CC	group commander (ofc symbol)	NWC	National War College
GPS	global positioning system	ODP	officer development program
GWOT	Global War on Terrorism	OEF	Operation Enduring Freedom
HAZMAT	hazardous materials	OIC	officer in charge
HF	high frequency	OJT	on-the-job training
HHQ	higher headquarters	ONE	Operation NOBLE EAGLE
IAW	in accordance with	ONW	Operation NORTHERN WATCH
ID	identification	OPR	officer performance report
IDE	Intermediate Developmental Education	ops	operations
IDEA	Innovative Development through Employee Awareness (Program)	OPSEC	operations security
IG	Inspector General	OPTEMPO	operating tempo
IMA	Individual Mobilization Augmentee	OPSTEMPO	operations tempo
IO	investigating officer	ORE	operational readiness exercise
ISR	intelligence, surveillance, and reconnaissance		

ORI	operational readiness inspection	WAPS	weighted Airman promotion system
OSI	Office of Special Investigation	WG/CC, Wg/CC	wing commander (office symbol)
OSW	Operation SOUTHERN WATCH	Or ABW/CC	
PCS	permanent change of station	WMD	weapons of mass destruction
PDE	primary developmental education		
PERSTEMPO	personnel tempo		
PI	product improvement		
PME	professional military education		
POC	point of contact		
POTUS	President of the US		
PTO	Preliminary Technical Order		
QA	Quality Assurance		
QoL	quality of life		
RAF	Royal Air Force (UK)		
ROE	rules of engagement		
SAR	search and rescue		
SAV	staff assistance visit		
SDE	Senior Developmental Education		
SEA	Southeast Asia		
SECAF	Secretary of the Air Force		
SECDEF	Secretary of Defense		
SIPRNET	Secret Internet Protocol Router Network		
SJA	Staff Judge Advocate		
SNCO	senior noncommissioned officer		
SNCOA	Senior Noncommissioned Officer Academy		
SOFA	status-of-forces agreement		
SOS	Squadron Officer School		
SPCM	special court-martial		
SQ/CC, Sq/CC	squadron commander (office symbol)		
SWA	Southwest Asia		
TCTO	Time Compliance Technical Order		
TDY	temporary duty		
TO	technical order		
UAV	unmanned aerial vehicle		
UCMJ	Uniform Code of Military Justice		
UIF	unfavorable information file		
UN	United Nations		
USA	US Army		
USAF	US Air Force		
USCG	US Coast Guard		
USMC	US Marine Corps		
USN	US Navy		
VIP	very important person		
VPOTUS	Vice President of the US		

ATTACHMENT 3

OPRs/EPRs myPers Information, References & Checklists

General Information

- [myPers Evaluations Section](#)

Related Resources

- [AFH 33-337](#), *Tongue and Quill*
- [AFI 36-2406](#), *Officer and Enlisted Evaluation Systems*

Officer Performance Reports

- [AF Form 707](#), *Officer Performance Report (Lieutenant through Colonel)*
- [AF Form 707 Checklist](#)

Enlisted Performance Reports

- [AF Form 910](#), *Enlisted Performance Report (Airman Basic through Technical Sergeant)*
- [AF Form 911](#), *Enlisted Performance Report (Master Sergeant through Senior Master Sergeant)*
- [AF Form 912](#), *Enlisted Performance Report (Chief Master Sergeant)*
- [AF Form 910 Evaluation Checklist](#)
- [AF Form 911 Evaluation Checklist](#)
- [AF Form 912 Evaluation Checklist](#)

Referral Checklists

- [Referral Information - myPers Link](#)
- [AF Form 707 \(Lt thru Col\) Referral Checklist](#)
- [AF Form 910 \(AB-TSgt\) Referral Checklist](#)
- [AF Form 911 \(MSgt-SMSgt\) Referral Checklist](#)

OPR - AF 707 (Lt - Col) Checklist

AFI 36-2406 Table 3.1

Rank/Name: _____	Unit: _____				
Status: _____	Reason For Report: _____				
TO BE COMPLETED (IAW AFI 36-2406)			YES	NO	N/A
Ensure you have current form from AF e-Publishing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I. RATEE IDENTIFICATION DATA					
1. NAME (LAST, FIRST MIDDLE INITIAL.) (ALL CAPS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSN (123-45-6789)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. RANK IAW 1.4.9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DAFSC IAW 1.4.8.2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. REASON FOR REPORT (should match component requirement) IAW Table 3.2 or 3.3					
<ul style="list-style-type: none"> • ANNUAL • CHANGE OF REPORTING OFFICIAL (CRO) (must have at least 120 supervision) • DIRECTED BY HQ AF (HAF) • DIRECT BY COMMANDER 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PAS CODE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ORGANIZATION, COMMAND, AND LOCATION IAW 1.4.7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. PERIOD OF REPORT (compare dates with reason in block 5 and EPR Shell/MilPDS)					
<ul style="list-style-type: none"> • If the report is not an Annual report, the end date doesn't have to match as CSS can annotate change on the shell. • Units are authorized to extend the close out date due to supervision and/or points 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. NO. DAYS SUPERVISION					
<ul style="list-style-type: none"> • If report is a CRO or was extended for points or supervision, then block 9 must be more than 120 days. 					
NO. DAYS NON-RATED					
<ul style="list-style-type: none"> • Refer to IAW 3.12. for particular circumstances were non-rated periods may be authorized 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SRID (Ratee's unit of assignment as of the close-out date. Mandatory for all Guard and Reserve members) IAW Table 3.1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION II. JOB DESCRIPTION					
1. DUTY TITLE					
<ul style="list-style-type: none"> • Use title case; no uncommon acronyms, or abbreviations, and spell out full job description • Must match MilPDS/shell; submit AF Form 2096/CRO worksheet to update duty title 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. KEY DUTIES, TASKS, AND RESPONSIBILITIES (must be in bullet format)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III. PERFORMANCE FACTORS					
<ul style="list-style-type: none"> • Mark "MEETS STANDARDS" or "DOES NOT MEET STANDARDS". Must have an "X" on only one checkbox • If "DOES NOT MEET STANDARDS", refer to IAW 1.10. for referral evaluation guidelines 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IV. RATER OVERALL ASSESSMENT					
<ul style="list-style-type: none"> • Bullet Format (Minimum 1 bullet Max 6) • Bullets should read as past tense (e.g. Reviewed 12 applicable policies--ensured A4 100% compliant) • Fitness comments are prohibited. Unless the evaluation is referral • No PME Statements unless authorized per IAW 3.17.4.4. <ul style="list-style-type: none"> a) IDE, SDE, and PDE are acceptable terms b) Cannot mention BDE, PME, RSSB, DE, or any specific school • No Promotion Statements IAW 3.16.3.1. • Use of the word "senior" is prohibited. Unless they are referring to a position. IAW 3.16.3.2. • Feedback Date must be within the period of report. Enter date as DD MMM YYYY. <ul style="list-style-type: none"> a) If no feedback was accomplished, N/A will be the date and a reason why feedback wasn't accomplished will be required in the space below in accordance to IAW 1.11.4 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION IAW 1.5.2.1.1.1.					
<ul style="list-style-type: none"> • Rater must be equal to or higher than the Ratee. • Standard signature block plus location <ul style="list-style-type: none"> o i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE (Use title case; no uncommon acronyms or abbreviations)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE (Dated on or after the Close Out Date)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
SSN (Last 4 of SSN) • Civilian raters are not required to provide last 4 of SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IV. RATER OVERALL ASSESSMENT (continued)			
SIGNATURE (Digitally sign and date on or after the Close-Out Date) • Wet signatures and wet dates are required for referral report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V. ADDITIONAL RATER OVERALL ASSESSMENT			
<ul style="list-style-type: none"> • Concur or Non-Concur boxes marked as applicable. <ul style="list-style-type: none"> a) If non-concurrence, comments are required. See IAW 1.9. for disagreements. • If the Rater is a Single Evaluator (The Rater is also the Additional Rater and Reviewer) then the comments/bullets section will be left blank but signature will still be required. <ul style="list-style-type: none"> a) Single Evaluator for AFRC - If member is an O-1 through O-4 then the rater has to be at least an O-6. b) If the member is an O-5 or O-6 then a GO can act as a single evaluator. • Bullet Format (Minimum 1 bullet Max 4) • Bullets should read as past tense (e.g. Reviewed 12 applicable policies--ensured A4 100% compliant) • Fitness comments are prohibited. Unless the evaluation is referral • No Promotion Statements IAW 3.16.3.1. • Use of the word "senior" is prohibited. Unless they are referring to a position. IAW 3.16.3.2 • No PME Statements unless authorized per IAW 3.17.4.4. <ul style="list-style-type: none"> a) IDE, SDE, and PDE are acceptable terms. b) Cannot mention BDE, PME, RSSB, DE, or any specific school. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • Additional Rater must be equal to or higher than the Rater. IAW 1.5.2.2.3.1. • Standard signature block plus location <ul style="list-style-type: none"> o i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE (Use title case; no uncommon acronyms or abbreviations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE (dated on or after the Rater signature date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) • Civilian Additional Raters are not required to provide last 4 of SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE (Digitally sign and date on or after the Rater signature date) • Wet signatures and wet dates are required for referral report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI. REVIEWER			
<ul style="list-style-type: none"> • Concur or Non-Concur boxes marked as applicable <ul style="list-style-type: none"> a) If non-concurrence, comments are required. See IAW 1.9. for disagreements. • The reviewer may comment only under the following circumstances: <ul style="list-style-type: none"> a) If the reviewer disagrees with the evaluation. (Optional) b) If the evaluation is a referral. (Mandatory) c) The ratee is a colonel or colonel select. (Optional) d) If the reviewer is also the rater or additional rater. (Mandatory) • Leave comments section blank or provide the following statements if applicable: <ul style="list-style-type: none"> a) "THE RATER IS ALSO THE REVIEWER." b) "THE ADDITIONAL RATER IS ALSO THE REVIEWER" c) "Comments from the ratee were requested but were not received within the required period" d) "I have carefully considered (ratee's name) comments to the referral memorandum of (date)" 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • AFRC the reviewer must be at least the Wing CC or above IAW 1.5.2.3.1.1.2. <ul style="list-style-type: none"> a) If the Ratee is an O-5 or O-6 then a General Officer has to sign as the Reviewer IAW 1.5.2.3.1.1.1. • Standard signature block plus location <ul style="list-style-type: none"> b) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE (Use title case; no uncommon acronyms or abbreviations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE (dated on or after the Additional Rater signature date.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) • Civilian Reviewers are not required to provide last 4 of SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE (Digitally sign and date on or after the Additional Rater signature date) • Wet signatures and wet dates are required for referral report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
SECTION VII. Functional Examiner/Air Force Advisor <i>(Use only when applicable)</i>			
<ul style="list-style-type: none"> • Ensure appropriate box has "X" • Air Force Advisor is needed when the final evaluator on an evaluation is not an Air Force military member or a GS civilian employee (i.e. contractors). <ul style="list-style-type: none"> ◦ Must be a Colonel or above IAW 1.6.8.2.1.1.1. • Functional Examiners are used when the member works in AFSC that has a specialist (i.e.-contractors) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VIII. RATEE ACKNOWLEDGEMENT			
<ul style="list-style-type: none"> • Mark "Yes" or "No" for Acknowledgement. • Digitally sign and date on or after the Reviewer's signature date <ul style="list-style-type: none"> a) Wet signatures and wet dates are required for referral report • If member is unable to sign, a member of the rating chain must sign and select "Member unable to sign" or "Member declined to sign" from the drop down. <ul style="list-style-type: none"> a) Member unable to sign <ul style="list-style-type: none"> ➢ When member is incapacitated or unavailable to sign; Rater or any higher evaluator in the rating chain signs. a) Member declined to sign <ul style="list-style-type: none"> ➢ When member refuses to sign the form; rater or any higher evaluator in the rating chain signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IX. PERFORMANCE FACTORS			
<ul style="list-style-type: none"> • Use only if Section III is marked "DOES NOT MEET STANDARDS". • Ensure no boxes are marked with an "X" in this section unless it is a referral. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION X. REMARKS			
<ul style="list-style-type: none"> • Uncommon acronyms must be listed on this section. IAW 1.3.7.2.1 • Acronyms are in alphabetical order. IAW 1.3.7.2.1 • Acronyms must be separated by a semi colon and parenthesis. Example: <ul style="list-style-type: none"> a) Crisis Action Team (CAT); Continuity of Operation-Headquarters Air Force Reserve Command (COOP-AFRC); Force Generation Center (FGC); Headquarters Air Force (HAF); Site Action Task Force (SATAF); Total Force Integration (TFI); Unified Combatant Commands (UCC); Vice Commander (CV). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION XI. REFERRAL REPORT			
<ul style="list-style-type: none"> • Complete only if report contains referral comments or if the overall standard in Section III is marked as "DOES NOT MEET THE STANDARDS" • Refer to IAW 1.10. for referral evaluation guidelines 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By:

Rank/Name: _____

Unit: _____

Date: _____

CSS Reviewed by:

Rank/Name: _____

Date: _____

EPR - AF FORM 910 (AB – TSgt) Checklist

AFI 36-2406 Table 4.2

Rank/Name: _____	Directorate: _____			
Status: _____	Reason For Report: _____			
TO BE COMPLETED (IAW AFI 36-2406)		YES	NO	N/A
Ensure you have current form from AF e-Publishing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I. RATEE IDENTIFICATION DATA				
1. NAME (Last, First Middle Initial) (ALL CAPS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. RANK (RegAF only: selectees will automatically roll to new SCOD)	IAW 1.4.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DAFSC	IAW 1.4.8.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ORGANIZATION, COMMAND, AND LOCATION	IAW 1.4.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PAS CODE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. FDID (AGR & RegAF only use SRID + Last 4 of PASCODE) i.e. RC1CCFCMF; N/A for ARTs TRs and IMAs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. PERIOD OF REPORT (compare dates with reason in block 11 and EPR Shell/MilPDS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. NO. DAYS NON-RATED	IAW 4.8.3 & 4.8.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. NO. DAYS SUPERVISOR (current supervision start date to SCOD)	IAW Table 3.7 note 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. REASON FOR REPORT (should match component requirement)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • ANNUAL • DIRECT BY COMMANDER IAW (AGRs: Table 4.3 Rule 6-8) (Non-EAD: Table 4.4 Rule 3-5) • BIENNIAL • DIRECTED BY HQ AF (HAF) IAW 4.7.2.2 • CHANGE OF REPORTING OFFICIAL (CRO) (obsolete/not applicable) • INITIAL IAW (RegAF: 4.7.1.1) (AFR 4.7.1.2) 				
SECTION II. JOB DESCRIPTION				
1. DUTY TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Use title case; no uncommon acronyms, or abbreviations, and spell out full job description • Must match MilPDS/shell; submit AF Form 2096/CRO worksheet to update duty title 				
2. KEY DUTIES, TASKS, AND RESPONSIBILITIES (must be in bullet format)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III. PERFORMANCE IN PRIMARY DUTIES/TRAINING REQUIREMENTS				
1. TASK KNOWLEDGE/PROFICIENCY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure appropriate box has "X" • Marking should encumber general markings of whole report 				
2. COMMENTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Minimum 1 bullet/maximum 6 <ul style="list-style-type: none"> a) If comments are not provide use "THIS LINE INTENTIONALLY LEFT BLANK" IAW Table 4.2, Item 15 • Review PME statements IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award) b) TSgt and above can mention SEJPME if the member has completed the course c) Can mention career field related schools/training (CDCs) d) Can mention leadership development schools and/or seminars • No personal fitness IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) Cannot mention personal scores or category (i.e. received 95% or scored an excellent) • Promotion recommendations are not authorized (i.e. promote to TSgt, promote when eligible, etc) • Stratification comments are not authorized (i.e. 1/9 TSgt in the Unit or the best TSgt I've seen) 				
SECTION IV. FOLLOWERSHIP/LEADERSHIP				
1. RESOURCE UTILIZATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure appropriate box has "X" • Marking should encumber general markings of whole report 				

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
2. COMMENTS <ul style="list-style-type: none"> • <i>Minimum 1 bullet/maximum 2</i> <ul style="list-style-type: none"> a) <i>If comments are not provide use "THIS LINE INTENTIONALLY LEFT BLANK"</i> IAW Table 4.2, Item 15 • <i>Review PME statements</i> IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) <i>Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award)</i> b) <i>TSgt and above can mention SEJPME if the member has completed the course</i> c) <i>Can mention career field related schools/training (CDCs)</i> d) <i>Can mention leadership development schools and/or seminars</i> • <i>No personal fitness</i> IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) <i>Cannot mention personal scores or category (i.e. received 95% or scored an excellent)</i> • <i>Promotion recommendations are not authorized (i.e. promote to TSgt, promote when eligible, etc)</i> • <i>Stratification comments are not authorized (i.e. 1/9 TSgt in the Unit or the best TSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V. WHOLE AIRMAN CONCEPT			
1. AIR FORCE CORE VALUES <ul style="list-style-type: none"> • <i>Ensure appropriate box has "X"</i> • <i>Marking should encumber general markings of whole report</i> • <i>Not applicable if Airman receives Referral comments in Sections II/IV or if an Airman receives a "Met some but not all" rating.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. COMMENTS <ul style="list-style-type: none"> • <i>Minimum 1 bullet/maximum 2</i> <ul style="list-style-type: none"> a) <i>If comments are not provide use "THIS LINE INTENTIONALLY LEFT BLANK"</i> IAW Table 4.2, Item 15 • <i>Review PME statements</i> IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) <i>Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award)</i> b) <i>TSgt and above can mention SEJPME if the member has completed the course</i> c) <i>Can mention career field related schools/training (CDCs)</i> d) <i>Can mention leadership development schools and/or seminars</i> • <i>No personal fitness</i> IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) <i>Cannot mention personal scores or category (i.e. received 95% or scored an excellent)</i> • <i>Promotion recommendations are not authorized (i.e. promote to TSgt, promote when eligible, etc)</i> • <i>Stratification comments are not authorized (i.e. 1/9 TSgt in the Unit or the best TSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI. OVERALL PERFORMANCE ASSESSMENT			
<ul style="list-style-type: none"> • <i>Ensure appropriate box has "X"</i> • <i>Marking should encumber general markings of whole report, consistent with ratings in Section III-V</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VII. RATER INFORMATION			
<ul style="list-style-type: none"> • <i>Rater must be equal to or higher than rate</i> IAW 1.5.2.1.1.2 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • <i>Standard signature block plus location</i> <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> • <i>Use title case; no uncommon acronyms or abbreviations</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) <ul style="list-style-type: none"> • <i>Civilian raters are not required to provide last 4 of SSN</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> • <i>Digitally sign and date on or after the Close-Out Date</i> <ul style="list-style-type: none"> a) <i>Wet signatures and wet dates are required for referral report</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VIII. ADDITIONAL RATER'S COMMENTS			
<ul style="list-style-type: none"> • <i>Additional Rater must be at least a SNCO, officer or civilian at the grade of GS-07 or above</i> IAW 1.5.2.2.3.2.1 & 1.5.2.2.4 • <i>Must select Concur/Non-Concur</i> <ul style="list-style-type: none"> a) <i>If non-concur provide at least one bullet supporting the non-concur</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. COMMENTS <ul style="list-style-type: none"> • <i>optional unless required for Referral: if not used state "THIS LINE INTENTIONALLY LEFT BLANK"</i> <ul style="list-style-type: none"> a) <i>Minimum 1 bullet/maximum 2</i> b) <i>Fitness and PME statements are not authorized (See sections III, and IV)</i> c) <i>Promotion recommendations are not authorized (i.e. promote to TSgt, promote when eligible, etc)</i> d) <i>Stratification comments are not authorized (i.e. 1/9 TSgt in the Unit or the best TSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • <i>Standard signature block plus location</i> <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
DUTY TITLE • Use title case; no uncommon acronyms or abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) • Civilian raters are not required to provide last 4 of SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE • Digitally sign and date on or after the Close-Out Date a) Wet signatures and wet dates are required for referral report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IX. UNIT COMMANDER/MILITARY OR CIVILIAN DIRECTOR/OTHER AUTHORIZED REVIEWER'S COMMENTS • Must be completed by Unit Commander, Director, or other authorized reviewers IAW 1.6.7.3 • Must select Concur/Non-Concur a) If non-concur provide at least one bullet supporting the non-concur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. COMMENTS • optional unless required for Referral: if not used state "THIS LINE INTENTIONALLY LEFT BLANK" IAW 4.16.2 a) Minimum 1 bullet/maximum 2 b) Fitness and PME statements are not authorized (See sections III, and IV) c) Promotion recommendations are not authorized (i.e. promote to TSgt, promote when eligible, etc) d) Stratification comments are not authorized (i.e. 1/9 TSgt in the Unit or the best TSgt I've seen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. FUTURE ROLES (Optional) May list up to 3 Roles/Assignments • Cannot recommend PME/CCAF • Cannot recommend promotions • Can recommend for duty title that is one level above their paygrade but only if promotion eligible. (TSgt to CCM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PROMOTION ELIGIBLE • Yes if promotion eligibility as-of closeout date (TIG/TIS) IAW 36-2502 Chapter 2 a) If Ratee is not promotion eligible, leave Promotion Recommendation blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. THIS IS A REFERRAL REPORT • Yes if a referral; select no if not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. QUALITY FORCE REVIEW • Yes or no, if Ratee's personnel record has been reviewed for quality force indicators during the reporting period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PROMOTION RECOMMENDATION • Ensure appropriate box has "X", if member is TIG/TIS promotion eligible on EPR closeout date IAW 36-2502 Chapter 2 a) Leave blank if not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION • Standard signature block plus location a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE • Use title case; no uncommon acronyms or abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) • Civilian raters are not required to provide last 4 of SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE • Digitally sign and date on or after the Close-Out Date a) Wet signatures and wet dates are required for referral report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section X. Functional Examiner/Air Force Advisor (Use only when applicable) • Ensure appropriate box has "X" • Air Force Advisor is needed when the final evaluator is not an Air Force member • Functional Examiner are used when the member works in AFSC that has a specialist (i.e.-contractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section XI. Remarks • Use when applicable to spell out uncommon acronyms • Acronyms are listed in alphabetical order and separated by a semicolon Crisis Action Team (CAT); continuity of Operation-Headquarters Air Force Reserve Command (COOP-AFRC); Force Generation Center (FGC) IAW 1.3.7.2.1 • If feedback was not accomplished a comment stating why the member did not receive feedback (ACA) will be placed here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
<p>SECTION XII. RATEE ACKNOWLEDGEMENT</p> <ul style="list-style-type: none"> • <i>Digitally sign and date on or after the Close-Out Date</i> <ul style="list-style-type: none"> a) <i>Wet signatures and wet dates are required for referral report</i> • <i>If member is unable to sign, from drop down menu select "Not available to sign" or "Ratee refused to sign" IAW 1.4.11</i> <ul style="list-style-type: none"> a) Not available to sign <ul style="list-style-type: none"> ▪ When member is incapacitated or unavailable to sign; Rater or any higher evaluator in the rating chain signs. b) Ratee refused to sign <ul style="list-style-type: none"> ▪ When member refuses to sign the form; rater or any higher evaluator in the rating chain signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By:
Rank/Name:

Date: _____

CSS Reviewed by:

Rank/Name: _____
Date: _____

EPR - AF FORM 911 (MSgt - SMSgt) Checklist

AFI 36-2406 Table 4.9

Rank/Name: _____	Directorate: _____			
Status: _____	Reason For Report: _____			
TO BE COMPLETED (IAW AFI 36-2406)		YES	NO	N/A
Ensure you have current form from AF e-Publishing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I. RATEE IDENTIFICATION DATA				
1. NAME (<i>Last, First Middle Initial</i>) (ALL CAPS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. RANK (<i>RegAF only: selectees will automatically roll to new SCOD</i>)	IAW 1.4.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DAFSC	IAW 1.4.8.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ORGANIZATION, COMMAND, AND LOCATION	IAW 1.4.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PAS CODE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SRID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. PERIOD OF REPORT (<i>compare dates with reason in block 11 and EPR Shell/MilPDS</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. NO. DAYS NON-RATED	IAW 4.8.3 & 4.8.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. NO. DAYS SUPERVISION (<i>current supervision start date to SCOD</i>)	IAW 4.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. REASON FOR REPORT (<i>should match component requirement</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • ANNUAL • DIRECT BY COMMANDER IAW (AGRs: Table 4.3 Rule 6-8) (Non-EAD: Table 4.4 Rule 3-5) • BIENNIAL • DIRECTED BY HQ AF (HAF) IAW 4.7.2.2 • CHANGE OF REPORTING OFFICIAL (CRO) (<i>obsolete/not applicable</i>) • INITIAL IAW (RegAF: 4.7.1.1) (AFR 4.7.1.2) 				
SECTION II. JOB DESCRIPTION				
1. DUTY TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Use title case; no uncommon acronyms, or abbreviations, and spell out full job description • Must match MilPDS/shell; submit AF Form 2096/CRO worksheet to update duty title 				
2. KEY DUTIES, TASKS, AND RESPONSIBILITIES (<i>must be in bullet format</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III. PERFORMANCE IN LEADERSHIP/PRIMARY DUTIES/FOLLOWERSHIP/TRAINING				
1. MISSION ACCOMPLISHMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure appropriate box has "X" • Marking should encumber general markings of whole report 				
2. COMMENTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Minimum 1 bullet/maximum 8 <ul style="list-style-type: none"> a) If comments are not provide use "THIS LINE INTENTIONALLY LEFT BLANK" IAW Table 4.2, Item 15 • Review PME statements IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award) b) TSgt and above can mention SEJPME if the member has completed the course c) Can mention career field related schools/training (CDCs) d) Can mention leadership development schools and/or seminars • No personal fitness IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) Cannot mention personal scores or category (i.e. received 95% or scored an excellent) • Promotion recommendations are not authorized (i.e. promote to SMSgt, promote when eligible, etc) • Stratification comments are not authorized (i.e. 1/9 MSgt in the Unit or the best MSgt I've seen) 				
SECTION IV. WHOLE AIRMAN CONCEPT				
1. AIR FORCE CORE VALUES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure appropriate box has "X" • Marking should encumber general markings of whole report 				

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
2. COMMENTS <ul style="list-style-type: none"> • <i>Minimum 1 bullet/maximum 2</i> <ul style="list-style-type: none"> a) <i>If comments are not provide use "THIS LINE INTENTIONALLY LEFT BLANK"</i> IAW Table 4.2, Item 15 • <i>Review PME statements</i> IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) <i>Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award)</i> b) <i>TSgt and above can mention SEJPME if the member has completed the course</i> c) <i>Can mention career field related schools/training (CDCs)</i> d) <i>Can mention leadership development schools and/or seminars</i> • <i>No personal fitness</i> IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) <i>Cannot mention personal scores or category (i.e. received 95% or scored an excellent)</i> • <i>Promotion recommendations are not authorized (i.e. promote to SMSgt, promote when eligible, etc)</i> • <i>Stratification comments are not authorized (i.e. 1/9 MSgt in the Unit or the best MSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V. OVERALL PERFORMANCE ASSESSMENT <ul style="list-style-type: none"> • <i>Ensure appropriate box has "X"</i> • <i>Marking should encumber general markings of whole report, consistent with ratings in Section III-V</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI. RATER INFORMATION <ul style="list-style-type: none"> • <i>Rater must be equal to or higher than rate</i> IAW 1.5.2.1.1.2 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • <i>Standard signature block plus location</i> <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> • <i>Use title case; no uncommon acronyms or abbreviations</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) <ul style="list-style-type: none"> • <i>Civilian raters are not required to provide last 4 of SSN</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> • <i>Digitally sign and date on or after the Close-Out Date</i> <ul style="list-style-type: none"> a) <i>Wet signatures and wet dates are required for referral report</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VII. ADDITIONAL RATER'S COMMENTS <ul style="list-style-type: none"> • <i>Additional Rater must be at least a SNCO, officer or civilian at the grade of GS-07 or above</i> IAW 1.5.2.2.3.2.1 & 1.5.2.2.4 • <i>Must select Concur/Non-Concur</i> <ul style="list-style-type: none"> a) <i>If non-concur provide at least one bullet supporting the non-concur</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. COMMENTS <ul style="list-style-type: none"> • <i>optional unless required for Referral: if not used state "THIS LINE INTENTIONALLY LEFT BLANK"</i> <ul style="list-style-type: none"> b) <i>Minimum 1 bullet/maximum 2</i> c) <i>Fitness and PME statements are not authorized (See sections III, and IV)</i> d) <i>Promotion recommendations are not authorized (i.e. promote to SMSgt, promote when eligible, etc)</i> e) <i>Stratification comments are not authorized (i.e. 1/9 MSgt in the Unit or the best MSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • <i>Standard signature block plus location</i> <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> • <i>Use title case; no uncommon acronyms or abbreviations</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) <ul style="list-style-type: none"> • <i>Civilian raters are not required to provide last 4 of SSN</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> • <i>Digitally sign and date on or after the Close-Out Date</i> <ul style="list-style-type: none"> a) <i>Wet signatures and wet dates are required for referral report</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VIII. UNIT COMMANDER/MILITARY OR CIVILIAN DIRECTOR/OTHER AUTHORIZED REVIEWER'S COMMENTS <i>(to be completed by Unit Commander, Director, or other authorized reviewers)</i> IAW 1.6.7.3 <ul style="list-style-type: none"> • <i>Must select Concur/Non-Concur</i> <ul style="list-style-type: none"> a) <i>If non-concur provide at least one bullet supporting the non-concur</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS <ul style="list-style-type: none"> • <i>optional unless required for Referral: if not used state "THIS LINE INTENTIONALLY LEFT BLANK"</i> <ul style="list-style-type: none"> a) <i>Minimum 1 bullet/maximum 2</i> b) <i>Fitness and PME statements are not authorized (See sections III, and IV)</i> c) <i>Promotion recommendations are not authorized (i.e. promote to SMSgt, promote when eligible, etc)</i> d) <i>Stratification comments are not authorized (i.e. 1/9 MSgt in the Unit or the best MSgt I've seen)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
1. FUTURE ROLES (Optional) May list up to 3 Roles/Assignments <ul style="list-style-type: none"> Cannot recommend PME/CCAF Cannot recommend promotions Can recommend for duty title that is one level above their paygrade but only if promotion eligible. (SMSgt to CCM) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. EDUCATION (as-of closeout date) <ul style="list-style-type: none"> CCAF CONFERRED (yes or no) <ul style="list-style-type: none"> a) Has member completed CCAF or not (verify on Career Data Brief) PME COMPLETED (yes or no) <ul style="list-style-type: none"> a) Has member completed Senior Level PME or not (verify on Career Data Brief) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PROMOTION ELIGIBLE <ul style="list-style-type: none"> As of the close-out date of the evaluation, indicate whether the ratee is TIG/TIS promotion eligible. IAW 4.12 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. THIS IS A REFERRAL REPORT <ul style="list-style-type: none"> Indicate whether the report contains negative comments or derogatory information. (yes or no) If yes, please reference CSS "Referral Evaluation Steps" guidance IAW 1.10 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. QUALITY FORCE REVIEW <ul style="list-style-type: none"> Ratee's personnel record has been reviewed for quality force indicators during the reporting period (yes or no) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> Standard signature block plus location <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> Use title case; no uncommon acronyms or abbreviations 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) <ul style="list-style-type: none"> Civilian raters are not required to provide last 4 of SSN 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> Digitally sign and date on or after the Close-Out Date <ul style="list-style-type: none"> a) Wet signatures and wet dates are required for referral report 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IX. FINAL EVALUATOR'S COMMENTS <ul style="list-style-type: none"> The final evaluator must be an O-4, civilian equivalent, (GS-12), or higher IAW 4.1 3.1 <ul style="list-style-type: none"> a) For AGR and non-AGR, the final evaluator must be at a minimum the full-time unit commander Must select Concur/Non-Concur <ul style="list-style-type: none"> a) If non-concur provide at least one bullet supporting the non-concur 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS <ul style="list-style-type: none"> Optional unless required for Referral: if not used state "THIS LINE INTENTIONALLY LEFT BLANK" <ul style="list-style-type: none"> a) Limited to 1 bullet b) Promotion statements are authorized in this section if the member is promotion eligible IAW 4.1 6.1 c) Stratification statements are authorized in this section IAW 4.1 2.1 <ul style="list-style-type: none"> If the member is stratified, block B must be used d) Fitness and PME statements are not authorized (See sections III, and IV) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. PROMOTION RECOMMENDATION (authorized reviewer only when member is promotion eligible on closeout date) <p>A. FINAL EVALUATOR POSITION</p> <ul style="list-style-type: none"> SENIOR RATER (as identified by individual attached to SRID) <ul style="list-style-type: none"> a) FORCED ENDORSEMENT (Ensure appropriate box has "X") IAW 4.12.2.1 <ul style="list-style-type: none"> i. When the senior rater is the rater whether or not the ratee is TIG/TIS eligible or has completed the minimum requirements for senior rater stratification/endorsement. DEPUTY EVALUATOR (is the first O-6/GS-15 evaluator in the ratee's rating chain between (up from) the ratee and the senior rater, regardless of the organizational duty position of the O-6.) INTERMEDIATE EVALUATOR (an individual in the ratee's rating chain who works directly for deputy evaluator and meets the grade requirement to complete the final endorsement on the EPR.) <p>B. SENIOR RATER STRATIFICATION (restricted to Senior Rater only)</p> <ul style="list-style-type: none"> Top XX% of MSgt/SMSgt or leave blank 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION X. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (use only when applicable) <ul style="list-style-type: none"> Ensure appropriate box has "X" Air Force Advisor is needed when the final evaluator is not an Air Force member Functional Examiner are used when the member works in AFSC that has a specialist (i.e.-contractors) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION XI. REMARKS <ul style="list-style-type: none"> Use when applicable to spell out uncommon acronyms Acronyms are listed in alphabetical order and separated by a semicolon Crisis Action Team (CAT); continuity of Operation-Headquarters Air Force Reserve Command (COOP-AFRC); Force Generation Center (FGC) IAW 1.3.7.2.1 If feedback was not accomplished a comment stating why the member did not receive feedback (ACA) will be placed here 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
<p>SECTION XII. RATEE ACKNOWLEDGEMENT</p> <ul style="list-style-type: none"> • <i>Digitally sign and date on or after the Close-Out Date</i> <ul style="list-style-type: none"> a) <i>Wet signatures and wet dates are required for referral report</i> • <i>If member is unable to sign, from drop down menu select "Not available to sign" or "Ratee refused to sign" IAW 1.4.11</i> <ul style="list-style-type: none"> a) Not available to sign <ul style="list-style-type: none"> ▪ When member is incapacitated or unavailable to sign; Rater or any higher evaluator in the rating chain signs. b) Ratee refused to sign <ul style="list-style-type: none"> ▪ When member refuses to sign the form; rater or any higher evaluator in the rating chain signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By:
Rank/Name:

Date: _____

CSS Reviewed by:

Rank/Name: _____
Date: _____

EPR - AF FORM 912 (CMSgt) Checklist

AFI 36-2406 Table 4.6

Rank/Name: _____		Directorate: _____				
Status: _____		Reason For Report: _____				
TO BE COMPLETED (IAW AFI 36-2406)				YES	NO	N/A
Ensure you have current form from AF e-Publishing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I. RATEE IDENTIFICATION DATA						
1. NAME (Last, First Middle Initial) (ALL CAPS)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. RANK (RegAF only: selectees will automatically roll to new SCOD)				IAW 1.4.9	<input type="checkbox"/>	<input type="checkbox"/>
4. DAFSC				IAW 1.4.8.2	<input type="checkbox"/>	<input type="checkbox"/>
5. ORGANIZATION, COMMAND, AND LOCATION				IAW 1.4.7	<input type="checkbox"/>	<input type="checkbox"/>
6. PAS CODE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SRID				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. REASON FOR REPORT (should match component requirement)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • ANNUAL • DIRECT BY COMMANDER IAW (AGRs: Table 4.3 Rule 6-8) (Non-EAD: Table 4.4 Rule 3-5) • BIENNIAL • DIRECTED BY HQ AF (HAF) IAW 4.7.2.2 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. TAFMSD (RegAF)/PAY DATE (ARC)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • The date the member entered military service (verify on Career Data Brief (CDB)) 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. PERIOD OF REPORT (compare dates with reason in block 11 and EPR Shell/MilPDS)				IAW 4.6 & 4.7	<input type="checkbox"/>	<input type="checkbox"/>
11. NO. DAYS SUPERVISION (current supervision start date to SCOD)				IAW 4.9	<input type="checkbox"/>	<input type="checkbox"/>
12. HYT				IAW AFI 36-3203	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • High Year of Tenure (maximum number of years Airmen may serve on active duty) <ul style="list-style-type: none"> a) Chief Master Sergeant – 30 years of TAFMS 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. DUTY TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Use title case; no uncommon acronyms, or abbreviations, and spell out full job description • Must match MilPDS/shell; submit AF Form 2096/CRO worksheet to update duty title 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION II. RATER'S PERFORMANCE ASSESSMENT						
2. COMMENTS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Minimum 2 bullet/maximum 4 <ul style="list-style-type: none"> a) If comments are not provided use "THIS LINE INTENTIONALLY LEFT BLANK" IAW Table 4.2, Item 15 • Review PME statements IAW 4.17.3.1 and 4.17.3.2.1 <ul style="list-style-type: none"> a) Cannot mention or recommend ALS, NCOA, or SNCOA unless the member won an award (i.e., John Levitow Award, Academic Achievement Award, Distinguished Graduate, Commandant Award, and Leadership Award) b) Can mention SEJPME if the member has completed the course c) Can mention career field related schools/training (CDCs) d) Can mention leadership development schools and/or seminars • No personal fitness IAW 1.4.10.3.2 <ul style="list-style-type: none"> a) Cannot mention personal scores or category (i.e. received 95% or scored an excellent) 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III. RATER INFORMATION						
<ul style="list-style-type: none"> • Rater must be equal to or higher than rate IAW 4.13 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Standard signature block plus location <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Use title case; no uncommon acronyms or abbreviations 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Civilian raters are not required to provide last 4 of SSN 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Digitally sign and date on or after the Close-Out Date <ul style="list-style-type: none"> a) Wet signatures and wet dates are required for referral report 				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
SECTION IV. SENIOR RATER'S PERFORMANCE ASSESSMENT <ul style="list-style-type: none"> Final evaluator must be the senior rater (final evaluator may not be delegated to a lower level evaluator.) IAW 4.13.1 <ul style="list-style-type: none"> a) For ANG AGR and non-AGR, the final evaluator must be at a minimum the full-time unit commander. If there is no full-time unit commander, the final endorser will be the senior full-time officer serving in the grade of O-4, civilian equivalent, (GS-12), or higher, but no higher in organization than the senior rater. Must select Concur/Non-Concur <ul style="list-style-type: none"> a) If non-concur provide at least one bullet supporting the non-concur 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. COMMENTS <ul style="list-style-type: none"> optional unless required for Referral or "Do Not Retain" recommendation; if not used state "THIS LINE INTENTIONALLY LEFT BLANK" <ul style="list-style-type: none"> a) Limited to 1 bullet b) Fitness and PME statements are not authorized (See sections II) c) Comments are highly encouraged when making current year Command Chief Master Sergeant nomination d) Stratifications are prohibited for those CMSgts not receiving nomination for the current year's Command Chief Screening Board. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CONSIDER FOR HIGHER RESPONSIBILITY (drop down menu) <ul style="list-style-type: none"> READY NOW - When CMSgts are ready to immediately assume greater responsibility in a more challenging position than currently held. ON-TRACK - When CMSgts are excelling in their current position, demonstrating growth potential, and are ready to transition to a position in a related specialty, or at a different organizational level, at the first available opportunity. CURRENT ASSIGNMENT - When CMSgts should remain in their current assignment for one or some of the following reasons: are not forecasted to be moved in the near-term; have not been evaluated as a CMSgts in their current position; may have a specific expertise required in-place; be in pre-defined tour lengths; or be in nominative positions. GROOM - When CMSgts require additional grooming in their duty position or as a CMSgt prior to being placed in a position with greater responsibilities. These CMSgt may be ready for increased responsibilities in the future. DO NOT RETAIN – When CMSgt are not recommended for retention. Do not retain recommendations constitute a referral EPR and therefore require Senior Rater Comments in Section II, part 1. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommended Future Roles (Optional drop down menu) <ul style="list-style-type: none"> SQUADRON SUPERINTENDENT MAJCOM FUNCTIONAL MANAGER GROUP SUPERINTENDENT CAREER FIELD MANAGER OTHER (must describe if selected) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> Standard signature block plus location <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> Use title case; no uncommon acronyms or abbreviations 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN (Last 4 of SSN) <ul style="list-style-type: none"> Civilian raters are not required to provide last 4 of SSN 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> Digitally sign and date on or after the Close-Out Date <ul style="list-style-type: none"> a) Wet signatures and wet dates are required for referral report 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (use only when applicable) <ul style="list-style-type: none"> Ensure appropriate box has "X" Air Force Advisor is needed when the final evaluator is not an Air Force member Functional Examiner are used when the member works in AFSC that has a specialist (i.e. -contractors) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI. RATEE ACKNOWLEDGEMENT <ul style="list-style-type: none"> Digitally sign and date on or after the Close-Out Date <ul style="list-style-type: none"> a) Wet signatures and wet dates are required for referral report If member is unable to sign, from drop down menu select "Not available to sign" or "Ratee refused to sign" IAW 1.4.11 <ul style="list-style-type: none"> a) Not available to sign <ul style="list-style-type: none"> When member is incapacitated or unavailable to sign; Rater or any higher evaluator in the rating chain signs. b) Ratee refused to sign <ul style="list-style-type: none"> When member refuses to sign the form; rater or any higher evaluator in the rating chain signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VII. REMARKS <ul style="list-style-type: none"> Use when applicable to spell out uncommon acronyms Acronyms are listed in alphabetical order and separated by a semicolon Crisis Action Team (CAT); continuity of Operation-Headquarters Air Force Reserve Command (COOP-AFRC); Force Generation Center (FGC) IAW 1.3.7.2.1 If feedback was not accomplished a comment stating why the member did not receive feedback (ACA) will be placed here 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED (IAW AFI 36-2406)	YES	NO	N/A
SECTION VIII. REFERRAL REPORT <ul style="list-style-type: none"> • Complete this section for referral evaluations only IAW 1.10 • This section replaces referral memo required for AF Form 910/911 • State the reason(s) for referral on lines following "I am referring this EPR to you..." • Provide POC & address for ratee to provide rebuttal comments to on the lines following "Send your written comments to:" 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION <ul style="list-style-type: none"> • Standard signature block plus location <ul style="list-style-type: none"> a) i.e. FIRST NAME MI. LAST NAME, Rank, USAF 913th Airlift Group (AFRC) Little Rock AFB, AR 72099 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUTY TITLE <ul style="list-style-type: none"> • Use title case; no uncommon acronyms or abbreviations 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE (must be wet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> • Wet signatures are required for referral report 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE <ul style="list-style-type: none"> • Wet signatures are required for referral report 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE (must be wet and must be same date as Referring Evaluator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed By:

Rank/Name:

Date: _____

CSS Reviewed by:

Rank/Name:

Date: _____

Commander's Support Staff
AF Form 707 (Lt thru Col) Checklist
Referral Checklist

Ensure AF Form 707, 20150731, V1 is used

SECTION III:

- DOES NOT MEET STANDARDS should be marked with an "X"

SECTION IV:

- Rater must sign on/after the close out date
- The date the Rater signs the evaluation and the date on the referral memorandum (Section XI-on back) should be the same date

SECTION V:

- Comments will be left blank until **AFTER** the ratee has been given 3 duty days to respond to the referral memorandum
- Ratee must be given **3 FULL** duty days to respond (Ex. 1 May 2018 ratee signs, 2-4 May 2018 are 3 duty days, on 5 May 2018 Additional Rater may sign)
- One mandatory referral comment must be used:
 - o "I have carefully considered (Ratee's name) comments to the referral memo of (date)"
 - o "Comments from the Ratee were requested but were not received within the required period"

SECTION VI:

- This section will not have a comment unless:
 - o The evaluation is a referral, and the reviewer is the evaluator named in Section XI of the OPR, or the reviewer refers the evaluation.

SECTION IX:

- If Section III is marked DOES NOT MEET STANDARDS, fill in applicable blocks rate DOES NOT MEET STANDARDS

SECTION XI:

- The first comment line should include the reason for the referral report:
 - o Specifically, (state why the evaluation is being referred, i.e., "Specifically, my rating of met some, but not all expectations in section (indicate which section) and my comments, pertaining to your failure to meet and enforce dress and appearance standard in yourself and your subordinates, cause this evaluation to be referred.").
- Written comments should be sent to: "Name and address of the next evaluator"
- The rater should sign section XI the same day they signed section IV

Commander's Support Staff
AF Form 910 (AB-TSgt) Referral Checklist

Ensure AF FORM 910, 20151130, V3 is used

SECTION III/IV:

- The reason for the referral is annotated in this section and Met some but not all expectations block should be checked
- Must be a minimum of 1 line; May use "THIS LINE INTENTIONALLY LEFT BLANK" as mandatory comment

SECTION V:

- This section should not be used for a referral unless the reason for the referral is annotated in this section by marking Met some but not all expectations

SECTION VI:

- Overall assessment of performance during rating period should be commensurate with Sections III-V

SECTION VII:

- Rater must sign on/after the close out date
- The date the rater signs the evaluation and the date on the referral memorandum should be the same date

SECTION VIII:

- Ensure CONCUR/NON-CONCUR box is checked
- Comments will be left blank until **AFTER** the ratee has been given 3 duty days to respond to the referral memorandum
- Ratee must be given **3 FULL** duty days to respond (Ex. 1 May 2018 ratee signs, 2-4 May 2018 are 3 duty days, on 5 May 2018 Additional Rater may sign); **Additional Rater will sign on 4th duty day**
- One mandatory referral comment must be used:
 - "I have carefully considered (Ratee's name) comments to the referral memo of (date)"
 - "Comments from the Ratee were requested but were not received within the required period"

SECTION IX:

- Ensure CONCUR/NON-CONCUR box is checked
- Must be a minimum of 1 line; May use "THIS LINE INTENTIONALLY LEFT BLANK" as mandatory comment
- Future Roles are not required
- Block 4 and 5 should be marked "YES"

Referral Memorandum:

- Must be dated the same day the Rater signs the EPR
- Paragraph 1
 - Specifically, (state why the evaluation is being referred, i.e., "Specifically, my rating of met some, but not all expectations in section (indicate which section) and my comments, pertaining to your failure to meet and enforce dress and appearance standard in yourself and your subordinates, cause this evaluation to be referred."). In addition, if you are Time-In-Grade / Time-In-Service eligible, my rating (s) or comment (s) may result in a promotion recommendation of "Not Ready Now" or "Do Not Promote".
- Paragraph 2 must address the next evaluator by name
 - Send your comments to (name and address of next evaluator) no later than 3 duty days (30 calendar days for non-EAD members) from the date you receive this memorandum.
- The 3 duty days starts from the date the ratee signs the acknowledgement

Commander's Support Staff
911 (MSgt-SMSgt) Referral Checklist

Ensure AF FORM 911, 20150731, V1 is used

SECTION III:

- The reason for the referral is annotated in this section and Met some but not all expectations block should be checked

SECTION IV:

- This section should not be used for a referral unless the reason for the referral is annotated in this section by marking Met some but not all expectations

SECTION V:

- Overall assessment of performance during rating period should be commensurate with Sections III-IV

SECTION VI:

- Rater must sign on/after the close out date
- The date the Rater signs the Referral EPR and the date on the Referral Memo should be the same date

SECTION VII:

- Ensure CONCUR/NON-CONCUR box is checked
- Comments will be left blank until **AFTER** the ratee has been given 3 duty days to respond to the referral memorandum
- Ratee must be given **3 FULL** duty days to respond (Ex. 1 May 2018 ratee signs, 2-4 May 2018 are 3 duty days, on 5 May 2018 Additional Rater may sign); **Additional Rater will sign on 4th duty day**
- One mandatory referral comment must be used:
 - o "I have carefully considered (Ratee's name) comments to the referral memo of (date)"
 - o "Comments from the Ratee were requested but were not received within the required period"

SECTION IX:

- Ensure CONCUR/NON-CONCUR box is checked
- Must be a minimum of 1 line; May use "THIS LINE INTENTIONALLY LEFT BLANK" as mandatory comment
- Future Roles are not required
- Block 4 and 5 should be marked "YES"

REFERRAL MEMORANDUM:

- Must be dated the same day the Rater signs the EPR
- Paragraph 1
 - o Specifically, (state why the evaluation is being referred, i.e., "Specifically, my rating of met some, but not all expectations in section (indicate which section) and my comments, pertaining to your failure to meet and enforce dress and appearance standard in yourself and your subordinates, cause this evaluation to be referred."). In addition, if you are Time-In-Grade / Time-In-Service eligible, my rating (s) or comment (s) may result in a promotion recommendation of "Not Ready Now" or "Do Not Promote".
- Paragraph 2 must address the next evaluator by name
 - o Send your comments to (name and address of next evaluator) no later than 3 duty days (30 calendar days for non-EAD members) from the date you receive this memorandum.
- The 3 duty days starts from the date the ratee signs the acknowledgement