NONAPPROPRIATED FUND INSTRUMENTALITY EMPLOYEE PERFORMANCE RATING

		ee AR 215-3; the proponent ager	
1. NAME (Last, first, MI)			2. SSN
3a. POSITION TITLE		3d. I AGREE THAT THE JOB DESCRIPTION ACTUALLY REFLECTS THE DUTIES OF THE POSITION.	
b. POSITION NUMBER	c. GRADE	SUPERVISOR'S INITIALS	EMPLOYEE'S INITIALS
4. NAME AND LOCATION OF EMP	PLOYING OFFICE		
		6 DATING DEDICE	
5. TYPE OF RATING		6. RATING PERIOD FROM (YYYYMMDD)	TO (YYYYMMDD)
ANNUAL	PROBATIONARY	THOW (TTTTWWWDD)	10 (TTTTMINIDD)
7. RETENTION AFTER PROBATION	NARY PERIOD		
RECOMMENDED	NOT RECOM	MMENDED	
8. THE OFFICIAL RATING ASSIGN	IED		
OUTSTANDING (4)	SATISFACTO	ORY (2)	UNSATISFACTORY
EXCELLENT (3)	MINIMALLY	SATISFACTORY (1)	
9a. SUPERVISOR'S SIGNATURE			9b. DATE
10a. APPROVING OFFICIAL'S SIGNATURE			10b. DATE
11a. EMPLOYEE'S SIGNATURE			11b. DATE
(Employee's signatur	e does not necessarily cons	stitute agreement with the i	rating, but does acknowledge that position

(Employee's signature does not necessarily constitute agreement with the rating, but does acknowledge that position description is accurate and discussion has been held concerning performance with the rating period.)