

**NONAPPROPRIATED FUND INSTRUMENTALITY
EMPLOYEE PERFORMANCE RATING**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME *(Last, First, MI)*

2a. POSITION TITLE

2b. POSITION NUMBER

2c. GRADE

3. NAME AND LOCATION OF EMPLOYING OFFICE

4. TYPE OF RATING

☐ ANNUAL ☐ INTERIM ☐ PROBATIONARY

5. RATING PERIOD

FROM (YYYYMMDD)

TO (YYYYMMDD)

6. RETENTION AFTER PROBATIONARY PERIOD

☐ RECOMMENDED ☐ NOT RECOMMENDED

7. THE OFFICIAL RATING ASSIGNED

☐ OUTSTANDING (4) ☐ SATISFACTORY (2) ☐ UNSATISFACTORY

☐ EXCELLENT (3) ☐ MINIMALLY SATISFACTORY (1)

8a. SUPERVISOR'S SIGNATURE

8b. DATE (YYYYMMDD)

9a. APPROVING OFFICIAL'S SIGNATURE

9b. DATE (YYYYMMDD)

10a. EMPLOYEE'S SIGNATURE

10b. DATE (YYYYMMDD)

(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.)