

**NONAPPROPRIATED FUND INSTRUMENTALITY
EMPLOYEE PERFORMANCE RATING**

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

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. NUMBER

c. GRADE

SUPERVISOR'S INITIALS

EMPLOYEE'S INITIALS

4. NAME AND LOCATION OF EMPLOYING OFFICE

5. TYPE OF RATING

6. RATING PERIOD

ANNUAL PROBATIONARY

FROM

TO

7. RETENTION AFTER PROBATIONARY PERIOD

RECOMMENDED

NOT RECOMMENDED

8. THE OFFICIAL RATING ASSIGNED

OUTSTANDING (4)

SATISFACTORY (2)

UNSATISFACTORY

EXCELLENT (3)

MINIMALLY SATISFACTORY (1)

SUPERVISOR'S SIGNATURE

DATE

APPROVING OFFICIAL'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

(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.)