

8a. NARRATIVE

9. The member and immediate supervisor have discussed the performance of the member during the rating period shown. The discussion included all factors addressed in the narrative above. The member's signature on the form indicates only that the required evaluating discussion has taken place and he/she is aware of the rating assigned or recommended. It does not signify agreement with the rating.

Member's Signature _____

Date _____

10. RATER (Name, Grade, Organization, Location)

Duty Title

Date

Signature _____

11. REVIEWING OFFICIAL (Reviewing Official is the full time supervisor of the rater. If the Reviewing Official is a Colonel, block 12 need not be completed.)

Concur

Nonconcur (If you nonconcur, initial the rating which you feel best reflects the ratee's performance potential. Substantiate on an attached comment sheet.)

Name, Grade, Organization, Location

Duty Title

Date

Signature _____

12. APPROVING OFFICIAL (Approving Official is the full time officer senior to the Reviewing Official in the full time chain of command. See ANGR 39-62 para 1-4e, for specific details.)

Name, Grade, Organization, Location

Duty Title

Date

Signature _____