ENLISTED PERFORMANCE REPORT *(MSgt thru SMSgt)*

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force; AFI 36-2406, and Executive Order 9397 (SSN), as amended.
PURPOSE: Used to document effectiveness/duty performance history; promotion; school and assignment selection; reduction-in-force; control roster; reenlistment; separation; research and statistical analysis.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.
DISCLOSURE: Mandatory. Not providing SSN may cause form to not be processed or to positively identify the person being evaluated.
SORN: F036 AF PC A, Effectiveness/Performance Reporting Records

I. RATEE IDENTIFICATION DATA *(Refer to AFI 36-2406 for instructions on completing this form)*

1. NAME *(Last, First, Middle Initial)*	2. SSN	3. RANK	4. DAFSC

5. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT	6. PAS CODE	7. SRID

8. PERIOD OF REPORT *(DD Mmm YYYY)* From: Thru:	9. NO. DAYS NON-RATED	10. NO. DAYS SUPERVISION	11. REASON FOR REPORT

II. JOB DESCRIPTION

1. DUTY TITLE

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES *(Primary and Additional Duties)*

III. PERFORMANCE IN LEADERSHIP/PRIMARY DUTIES/FOLLOWERSHIP/TRAINING *(Using AFI 36-2618, The Enlisted Force Structure, as the standard of performance expectations commensurate with the ratee's rank; assess to what degree the ratee complied with the following performance expectations.)*

1. **Mission Accomplishment:** Consider the Airman's ability to lead and produce timely, high quality/quantity, mission-oriented results. **Resource utilization** *(e.g. time management, equipment, manpower and budget)*: Consider how effectively the Airman leads their team to utilize their resources to accomplish the mission. **Team Building:** Consider the amount of innovation, initiative, and motivation displayed by the airman and their subordinates (collaboration). **Mentorship:** Consider how well the Airman knows their subordinates, accepts personal responsibility for them, and is accountable for their professional development. **Communication Skills:** Describe how well the Airman communicates *(includes listening, reading, speaking, and writing skills)* in various mediums, translates superior's direction into specific tasks and responsibilities, fosters an environment for open dialogue, and enhances communication skills of subordinates. **Comply with/Enforce Standards:** Consider personal adherence and how the Airman fosters an environment where everyone enforces fitness standards, dress and personal appearance, customs and courtesies, and professional conduct. **Duty Environments:** Rate how well the Airman establishes and maintains caring, respectful, and dignified environments while valuing diversity; to include promoting a healthy organizational climate. **Training:** Describes how well the Airman and their team complies with upgrade, duty position, and certification requirements.

Not-Rated	Met some but not all expectations	Met all expectations	Exceeded some, but not all expectations	Exceed most, if not all expectations
☐	☐	☐	☐	☐

2. COMMENTS *(Minimum 1 line, but limited to 8 lines)*

IV. WHOLE AIRMAN CONCEPT *(Not applicable if Airman receives referral evaluation based on comments or a "Met some but not all" rating in Section III.)*

1. **Air Force Core Values:** Consider how well the Airman adopts, internalizes, demonstrates and insists on adherence of our Air Force Core Values of Integrity First, Service Before Self and Excellence in All We Do. **Personal and Professional Development:** Consider effort the Airman devoted to improve their subordinates, their work center/unit and themselves. **Esprit de corps and Community Relations:** Consider how well the Airman promotes camaraderie, enhances esprit de corps, and develops Air Force ambassadors.

Not-Rated	Met some but not all expectations	Met all expectations	Exceeded some, but not all expectations	Exceed most, if not all expectations
☐	☐	☐	☐	☐

2. COMMENTS *(If block IV is used minimum 1 line, but limited to 2 lines.)*

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V. OVERALL PERFORMANCE ASSESSMENT (*Overall assessment of performance during rating period commensurate with sections III-IV*)

RATEE NAME:

Not-Rated | Met some but not all expectations | Met all expectations | Exceeded some, but not all expectations | Exceed most, if not all expectations

VI. RATER INFORMATION *(Signature signifies this is an unbiased assessment and all ACA sessions were completed, as required by AFI 36-2406)*

NAME, RANK, BRANCH OF SERVICE, ORGN, COMMAND AND LOCATION	DUTY TITLE		DATE
	SSN	SIGNATURE	

VII. ADDITIONAL RATER'S COMMENTS Concur Non-Concur

Comments are optional unless required for Referral; if not used state "This Section Not Used")

NAME, RANK, BRANCH OF SERVICE, ORGN, COMMAND AND LOCATION	DUTY TITLE		DATE
	SSN	SIGNATURE	

VIII. UNIT COMMANDER/MILITARY OR CIVILIAN DIRECTOR/ OTHER AUTHORIZED REVIEWER'S COMMENTS Concur Non-Concur

Comments are optional unless required for Referral; if not used state "This Section Not Used")

1. FUTURE ROLES (*Recommend up to three roles/assignments that best serve the Air Force and continues the Airman's development*)

1. 2. 3.

2. EDUCATION *(as-of closeout date)* CCAF conferred PME complete	3. PROMOTION ELIGIBILITY *(meets TIG/TIS as-of closeout date)*	4. THIS IS A REFERRAL REPORT	5. QUALITY FORCE REVIEW *(Ratee's personnel record has been reviewed for quality force indicators during the reporting period)*

NAME, RANK, BRANCH OF SERVICE, ORGN, COMMAND AND LOCATION	DUTY TITLE		DATE
	SSN	SIGNATURE	

IX. FINAL EVALUATOR'S COMMENTS Concur Non-Concur

(Limit text to 1 optional line; if not used state "This Section Not Used")

I. PROMOTION RECOMMENDATION *(Completed by authorized reviewer only when member is promotion eligible on closeout date)*

A. FINAL EVALUATOR POSITION	B. SENIOR RATER STRATIFICATION: *(This section restricted to Senior Rater only)*

NAME, RANK, BRANCH OF SERVICE, ORGN, COMMAND AND LOCATION	DUTY TITLE		DATE
	SSN	SIGNATURE	

X. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR *(Indicate applicable review by marking the appropriate box)* FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, RANK, BRANCH OF SERVICE, ORGN, COMMAND AND LOCATION	DUTY TITLE		DATE
	SSN	SIGNATURE	

XI. REMARKS *(Only use this section to spell out uncommon acronyms)*

XII. RATEE'S ACKNOWLEDGEMENT

acknowledge all required ACA feedback was accomplished during the reporting period and feedback was provided upon receipt of this report (unless otherwise stated above).

SIGNATURE	DATE

AF FORM 911, 20150731, V1 PREVIOUS EDITIONS ARE OBSOLETE

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