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)*	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 EMPLOYING OFFICE	
5. TYPE OF RATING ☐ ANNUAL ☐ PROBATIONARY	6. RATING PERIOD FROM *(YYYYMMDD)* TO *(YYYYMMDD)*
7. RETENTION AFTER PROBATIONARY PERIOD ☐ RECOMMENDED ☐ NOT RECOMMENDED	
8. THE OFFICIAL RATING ASSIGNED ☐ OUTSTANDING (4) ☐ SATISFACTORY (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 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.)