

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA).

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)		b. POSITION TITLE, PAY PLAN, SERIES AND GRADE	
c. ORGANIZATION/INSTALLATION		d. REASON FOR SUBMISSION <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> INTERN	
e. PERIOD COVERED (YYYYMMDD) FROM THRU	f. RATED MOS. <input type="checkbox"/> GIVEN TO RATEE	g. RATEE COPY (Check one and date) <input type="checkbox"/> FORWARDED TO RATEE	

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE (YYYYMMDD)
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE (YYYYMMDD)
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE (YYYYMMDD)
GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT		
d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE (YYYYMMDD)

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

a. SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS				b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI	
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (INCLUDES Locality Pay) % (OR) AMOUNT \$ (OR)
RECOMMENDING OFFICIALS		YES	NO	YES	NO	QSI (GS with Successful Level 1 Rating Only - minimum of 52 weeks must have elapsed since last QSI) TO (Grade/Step):
RATER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AWARD APPROVED BY
INTERMEDIATE RATER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE REVIEW BOARD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE (YYYYMMDD)
SENIOR RATER		ES		\$		FUND CITE

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars) . Position Description (DA Form 374) is correct: YES NO

PART V - VALUES (Rater)

VALUES Loyalty Duty Respect Selfless service Honor Integrity Personal courage	BULLET COMMENTS
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PERIOD COVERED (YYYYMMDD)
 thru RATEE'S NAME

PART VI - PERFORMANCE EVALUATION (Rater)

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratings:

- Excellence 75% or More Obj Excellence 25-74% Obj Success All or Excellence Needs Improvement 1 or More Obj Fails 1 or More Obj

Includes Excellence in Org Mgt/Ldshp **OR** EEO/AA

Obj for supv/mgr Yes No

b. BULLET EXAMPLES

PART VII - INTERMEDIATE RATER (Optional)

BULLET COMMENTS

PART VIII - SENIOR RATER (if used) or RATER (no senior rater used)

PART IX - SENIOR RATER (if used)

OVERALL PERFORMANCE RATING

- 1
- 2
- 3
- 4
- 5

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SUCCESSFUL

FAIR

**UNSUCCESSFUL
(MUST Have Senior
Rater Review)**

BULLET COMMENTS (Performance/Potential)

A completed DA Form 7222-1 was received with this report and considered in my evaluation and review:

YES NO *(Explain)* _____