

1616-1

ENLISTED PERFORMANCE EVALUATION REPORT

1 NAME (Last, First, Middle or Middle Initial)				2 RATE/RATING				3 SSN					
BRANCH/CLASS		STATUS		MEMBER'S UIC		DATE REPORTED							
4 <input type="checkbox"/> USN		5 <input type="checkbox"/> USNR		6 <input type="checkbox"/> ACTIVE		7 <input type="checkbox"/> INACTIVE		8 <input type="checkbox"/> TEMAC		9 <input type="checkbox"/> ACDUTRA			
10 MEMBER'S SHIP OR STATION						11 MEMBER'S UIC			12 DATE REPORTED				
OCCASION FOR REPORT						PERIOD OF REPORT							
13 <input type="checkbox"/> Periodic		14 <input type="checkbox"/> Transfer		15 Other		16 From			17 To				
TYPE OF REPORT		20 HEIGHT & WEIGHT/PHYS. QUAL.				21 RESERVE PART		22 EFF DATE OF RATE					
18 <input type="checkbox"/> Regular		19 <input type="checkbox"/> Con-Current											
23 REPORTING SENIOR'S NAME (Last and Initial)				24 RANK		25 TITLE		26 SSN					
EVALUATION SECTION <i>*Requires Comment</i>			NOT OBS	4.0	3.8	3.6	3.4	3.2	3.0	2.8*	2.6*	2.0*	1.0*
PROFES- SIONAL FACTORS	27 MILITARY KNOWLEDGE/ PERFORMANCE												
	28 RATING KNOWLEDGE/ PERFORMANCE												
PERSONAL TRAITS	29 INITIATIVE												
	30 RELIABILITY												
	31 MILITARY BEARING												
	32 PERSONAL BEHAVIOR												
	33 HUMAN RELATIONS INCL EQUAL OPPORTUNITY												
SELF EXPRESSION	34 SPEAKING ABILITY												
	35 WRITING ABILITY												
LEADERSHIP	36 DIRECTING												
	37 COUNSELING												
38 MANAGEMENT <i>(E-7/8/9 Only)</i>													
39 OVERALL EVALUATION													
40 SUMMARY <i>(Required for E-4 & Above)</i>													
ADVANCEMENT RECOMMENDATION				45 SIGNATURE OF REPORTING SENIOR									
41 <input type="checkbox"/> Recom- mended		42 <input type="checkbox"/> Progress Toward		43 <input type="checkbox"/> Not * Recom									
44 SIGNATURE OF MEMBER <i>I acknowledge that I have seen this evaluation report and understand my rights under Article 1110, U.S. Navy Regulations (1973) to submit a statement. Statement: Desired/Not Desired (cross out as appropriate)</i>				46 ADDRESS OF REPORTING SENIOR									
47 TYPED NAME AND SIGNATURE OF REGULAR REPORTING SENIOR ON CONCURRENT REPORT									48 DATE FORWARDED				
									49 DATE FWD <i>(If 47 Used)</i>				

OCR TYPING FONT NOT REQUIRED FOR COMPLETION OF THIS SIDE

50 MEMBER'S LAST NAME, INITIALS	51 SSN	PERIOD OF REPORT 52 From 53 To
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54 DUTIES AND RESPONSIBILITIES

55 SPECIAL ACHIEVEMENTS

56 EVALUATION COMMENTS
