a. NAME (Last, First, Middle Initial)	b. SSN	c. RANK	d. DATE OF RANK	e. PMOSC
Smith, John, M	[redacted]	MAJ ( )	11/11/99	11A

f.1. UNIT ORG. STATION ZIP CODE OR APO, MAJOR COMMAND	f.2. STATUS CODE	g. REASON FOR SUBMISSION
Unit		02 | Annual

h. PERIOD COVERED FROM (YEAR MONTH DAY)	h. PERIOD COVERED THRU (YEAR MONTH DAY)	i. RATED MONTHS	j. NON-RATED CODES	k. NO. OF ENCL	l. RATED NCO'S EMAIL ADDRESS (.gov or .mil)	m. UIC	n. CMD CODE	o. PSB CODE
20031001	20040101	3	Q	0	[redacted]	WGE024	U2	

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SSN	SIGNATURE	DATE (YYYYMMDD)
Lee, Michael, M	[redacted]		

RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	RATER'S AKO EMAIL ADDRESS (.gov. or .mil)
LTC			BN Commander	

b. NAME OF SENIOR RATER (Last, First, Middle Initial)	SSN	SIGNATURE	DATE (YYYYMMDD)

RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	SENIOR RATER S AKO EMAIL ADDRESS (.gov. or .mil)

c. NAME OF REVIEWER (Last, First, Middle Initial)	SSN	SIGNATURE	DATE (YYYYMMDD)

RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	REVIEWER'S AKO EMAIL ADDRESS (.gov. or .mil)

d. ☐ CONCUR WITH RATER AND SENIOR RATER EVALUATIONS ☐ NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL *(See attached comments)*

e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.	SIGNATURE	DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION *(Rater)*

a. PRINCIPAL DUTY TITLE	b. DUTY MOSC

c. DAILY DUTIES AND SCOPE *(To include, as appropriate, people, equipment, facilities and dollars)*