

NOTICE OF MISSING OR CORRECTION OF OFFICER PERFORMANCE/TRAINING REPORT

TO	DATE	FROM
	SUSPENSE DATE	

NAME (Last, First, Middle Initial)	GRADE	SSN	PAS
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ATTACHED REPORT(S) RETURNED FOR CORRECTION	REPORTING PERIOD FROM: _____ TO: _____
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CORRECTIVE ACTION REQUIRED (Check applicable boxes. List all others under "Remarks.")

<input type="checkbox"/>	1. Section I, Item 3 does not contain "Non-EAD" (AFI 36-2406, Table 3.1, Line 4, Note 2)	<input type="checkbox"/>	10. Rater/Additional Rater/Indorser has signed the report prior to closeout date. (AFI 36-2406, Para 3.12.11, Line 1)
<input type="checkbox"/>	2. Period of report is incorrect. Officer's last closed out on _____; therefore, this report must have from date _____. (AFI 36-2406, Table 3.1, Line 6, Notes 4 and 5)	<input type="checkbox"/>	11. Rater/Additional Rater/Indorser has not signed the report (AFI 36-2406, Table 3.1., Line 23)
<input type="checkbox"/>	3. Duty Title has been omitted from Section III, Item 1. (AFI 36-2406, Table 3.1, Line 13)	<input type="checkbox"/>	12. Report is returned for your disposition. Report already on file for the period _____ through _____. (Copy is attached for your file)
<input type="checkbox"/>	4. Enter "X" in the appropriate box for each factor after carefully evaluating the officer's performance and qualities. (AFI 36-2406, Para 3.12.7, Table 3.1., Line 16)	<input type="checkbox"/>	13. Report must be printed "head to foot" (AFI 36-2406, Para 3.12.8, Line 1)
<input type="checkbox"/>	5. Report contains inappropriate comments. (AFI 36-2406, Para 3.7)	<input type="checkbox"/>	14. Submitted on wrong form. (AFI 36-2406)
<input type="checkbox"/>	6. AF Form 709, Promotion Recommendation Form (PRF), is returned for your disposition. (AFI 36-2406) (See Remarks below)	<input type="checkbox"/>	15. Requires Air Force Advisor's review, typed and signed immediately below Section VIII. (AFI 36-2406, Para 3.8.13.3)
<input type="checkbox"/>	7. Ratee/Rater/Additional Rater/Indorser SSN has been omitted (AFI 36-2406, Table 3.1., Line 22)	<input type="checkbox"/>	16. Copy of report has not been "certified true" (left front margin certifying official grade, name, signature, duty title, unit and date) (IAW AFI 36-2406)
<input type="checkbox"/>	8. Feedback is missing or is after the close out date of OPR. (AFI 36-2406, Para 2.3., Table 2.1., Table 3.1., Line 17)	<input type="checkbox"/>	17. OTHER:
<input type="checkbox"/>	9. Either by comment or mark ratee has not met standards, report should be referred IAW AFI 36-2406. (AFI 36-2406, Para 3.9.)	<input type="checkbox"/>	18. OTHER:

REMARKS (Reference item number(s) when applicable.)

NOTE: PLEASE ENSURE REVIEW PROCEDURES ARE ESTABLISHED TO PRECLUDE LIKE ERRORS IN THE FUTURE. RETURN ORIGINAL COPY OF THIS FOR WHEN RETURNING CORRECTED OPR(S)

- CORRECTIVE ACTION IS REQUIRED AND THE REPORT MUST BE RETURNED NOT LATER THAN THE ABOVE SUSPENSE DATE
- REPORT(S) ARE CORRECTED BY THIS HEADQUARTERS. ENSURE REPORTS MAINTAINED AT YOUR LEVEL ARE CORRECTED

TYPED NAME, GRADE, AND PHONE NO. OF PERSONNEL OFFICIAL	E-MAIL ADDRESS	SIGNATURE
TO	FROM	DATE

REQUESTED CORRECTIONS HAVE BEEN MADE. SUBJECT REPORT IS ATTACHED IS NOT ATTACHED.

REMARKS (If above suspense date cannot be met, furnish anticipated completion date.)

TYPED NAME AND GRADE OF PERSONNEL OFFICIAL	SIGNATURE
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(When additional indorsements or remarks are required, use reverse.)

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