DEPARTMENT OF HOMELAND SECURITY						Validatio	on		
U.S. Coast Guard									
OFFICER EVALUATION REPORT (OER)									
PRIVACY ACT STATEMENT This information is requested under the authority of 14 U.S.C. 833 to determine an officer's suitability for promotion or job assignment. Submitting this information is mandatory. Failure to provide it could adversely affect promotion opportunities and job assignment or lead to disciplinary action.									
1. ADMINISTRATIVE DATA I understand my signature below does not constitute agreement or disagreement. I acknowledge I have reviewed this report. Only Reserve CWO4 signature is required. (YYYY/MM/DD) (YYYY/MM/DD)									
a. NAME (Last) (Initials) b. Reported-on Officer Signature c. DATE OF RANK						d. DATE REPORTED			
	•			/ /	u.	/ /			
e. UNIT		f. EMPLID	g. GRADE		Regular O Reserve	FICER STATUS/ORDERS (Mark only one) gular O Reserve O SELRES O IRR O ASL on EAD			
i. PERIOD OF REPORT (YYYY/MM/DD) / / TO / / O Semiannual/ O Detachment/Change of O Detachment O Promotion O Special Annual/Biennial Reporting Officer of Officer									
/ / TO / / Annual/Biennial Reporting Officer of Officer k. REASON FOR REPORT (<i>Mark only one</i>)									
O Promoted/Frocked O Approved O Discharge O IRR/ASL for O Transfer from O IDPL O Judicial/Administrative O OTHER (Specify to RDML Retirement a Board IRR/ASL CWO4 Adjudication in Block 2)									
2. DESCRIPTION OF DUTIES: List primary duty and summarize all duties and responsibilities.									
PRIMARY DUTY:									
 Officer states that he/she has reviewed the Continuity OER provisions of applicable policy, and concurs with the decision to submit this "continuity purposes only" OER 3. SUPERVISOR AUTHENTICATION 									
 Supervisor ensures that the Reported-on Officer acknowledges that the lack of a fully documented OER upon separation may adversely affect the Reported-on Officer's ability to later obtain a reserve commission and compete at future officer selection boards. 									
a. NAME AND SIGNATURE	b. GRADE	c. EMPLID d	3. TITLE OF P	OSIT	ION		e. DATE / /		
4. REPORTING OFFICER AUTHENTICATION							(YYYY/MM/DD)		
a. NAME AND SIGNATURE	b. GRADE	c. EMPLID d	1. TITLE OF P	OSIT	ION		e. DATE / /		
5. REVIEWER AUTHENTICATION							(YYYY/MM/DD)		
a. NAME AND SIGNATURE	b. GRADE	c. EMPLID d	d. TITLE OF P	OSIT	ION		e. DATE / /		