



**STAFF-IN-CONFIDENCE (After first entry)**

AC 833-30  
Revised Mar 2009

Department of Defence

**ADF Performance Appraisal Supplementary Report**

Employee ID
Date

**Assessed member's personal details**

Employee ID	Initials	Family name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Worn rank	Substantive rank	Date of seniority	Employment category, corps or specialisation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title and unit or ship	Date raised	Period of observation From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Narrative (3500 characters max. Do not attach separate pages)**

# STAFF-IN-CONFIDENCE (After first entry)

Employee ID
Date

Promotion recommendation <input type="checkbox"/>	M - Not suitable N - Likely to become suitable	O - Suitable P - Highly suitable
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## Assessor's personal details

Employee ID	Service	Rank	Initials	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment category, corps or specialisation	Job title	Signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Representation intention (After reading report, the assessed member is to indicate their intention to represent)

I intend to make written representation against the assessor's report (Yes or No).	<input type="checkbox"/>	Date	<input type="text"/>
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## Review of representation against assessment

Result of representation process <input type="checkbox"/>	Q - Representation not supported R - Representation supported
<input type="text"/>	

## Reviewing officer's personal details

Employee ID	Service	Rank	Initials	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment category, corps or specialisation	Job title	Signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Assessed member's declaration

I have read and been counselled on this report.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signature	Date
I agree with the assessment in this report.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>