

NOTICE OF MISSING OR CORRECTION OF OFFICER EFFECTIVENESS, TRAINING REPORT

DATE 2 Jun 73 SUSPENSE DATE 6 Aug 73

1 TO NGB/DPMO INFO FROM ARPC/DPAB

LAST NAME - FIRST NAME - MIDDLE INITIAL BUSH, GEORGE W. GRADE 1Lt SSAN [REDACTED] UNIT 111 FISq

ATTACHED REPORT IS RETURNED FOR CORRECTION. REPORTING PERIOD FROM 1 May 72 THRU 30 Apr 73

CORRECTIVE ACTION REQUIRED AS INDICATED BELOW (Check applicable boxes)

- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | 1. A rating factor has not been checked in Item _____, Section _____. | <input type="checkbox"/> | 11. Period of report is incorrect, officer's last report closed on _____; therefore, this report must open on _____. |
| <input type="checkbox"/> | 2. A more comprehensive job description will be entered in Section II. | <input type="checkbox"/> | 12. OER must be in one complete original and one complete carbon copy. |
| <input type="checkbox"/> | 3. Rating factors in Section III, Items 1, 2, 3, 4, 5, 6, 7 and 8; Sections IV, V and VI do not agree on all copies. | <input type="checkbox"/> | 13. Reporting and/or indorsing official has signed and dated the report prior to closing date. |
| <input type="checkbox"/> | 4. OER will be reaccomplished due to errasure/correction in Section _____. | <input checked="" type="checkbox"/> | 14. Returned for compliance with paragraph <u>6-7f(3)</u> AFM 36-10. |
| <input checked="" type="checkbox"/> | 5. DAFSC and/or duty title in Section II does not agree with Item 8, AF Form 11. | <input type="checkbox"/> | 15. Request copy of Page 2, AF Form 11, IAW Para 4-11(2) AFM 36-10. |
| <input type="checkbox"/> | 6. Period of supervision incorrect. | <input checked="" type="checkbox"/> | 16. Returned for compliance with figure <u>6-25</u> , AFM 36-10. |
| <input type="checkbox"/> | 7. Indorsing official must indicate his agreement/disagreement with ratings and comments of reporting official. | <input type="checkbox"/> | 17. _____ official is junior to _____ official. Statement required by rule _____ Table _____, AFM 36-10. |
| <input type="checkbox"/> | 8. OER is returned for additional indorsement by an official who meets the requirements of Rule _____, Table _____, AFM 36-10. | <input checked="" type="checkbox"/> | 18. Other (Specify)
See Remarks |
| <input type="checkbox"/> | 9. Returned for indorsement by an officer in the grade of _____ or higher, as prescribed by AFM 36-10. | | |
| <input type="checkbox"/> | 10. Reporting and/or indorsing official has not signed the report. | | |

REMARKS (Reference item numbers)

Item 18. Ratings must be entered on this officer in Sections V & VI. An AF Fm 77a should be requested from the training unit so that this officer can be rated in the position he held. This officer should have been reassigned in May 1972 since he no longer is training in his AFSC or with his unit of assignment.

PLEASE RETURN ORIGINAL COPY OF THIS FORM WHEN RETURNING CORRECTED OER

TYPED NAME AND GRADE OF PERSONNEL OFFICER DANIEL P. HARKNESS, MSgt, USAF SIGNATURE [Signature]
NSCIC, Selection Boards Branch

2 TO TAG TEXAS FROM NGB/DPMO DATE 10 July SUSPENSE DATE Aug 73

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

RETURN CORRECTED REPORT DIRECT TO ARPC

TYPED NAME AND GRADE OF PERSONNEL OFFICER SIGNATURE [Signature]

(When additional indorsements or remarks are required use reverse or blank sheets.)