

Appendix C-7 Equipment /Furniture Relocation Form

**Fort Chaffee Maneuver Training Center Lodging
Equipment /Furniture Relocation Form**

Instructions: This form will be used each time a piece of equipment or furniture is relocated to a different room or location in the Lodging Operation.

Equipment/Furniture _____ **Date** _____

Building Number _____ **Room Number** _____

Item _____

Description _____

Color _____

Serial Number _____

Reason Item Moved/Defect _____

Item Taken to Building Number _____ **Room Number** _____

Was Item Turned into Logistics? **Yes** _____ **No** _____ **If Yes, Date** _____

Replacement Item Information (If Applicable)

Item removed from: Building Number _____ **Room Number** _____

Item _____

Description _____

Serial Number _____

Notes/Comments _____

Property Handler _____ **Signature** _____

New Item Information (If Applicable)

Item installed in: Building Number _____ **Room Number** _____

Item _____

Description _____

Serial Number _____

Notes/Comments _____

Property Handler _____ **Signature** _____

Appendix C-8 Non-Appropriated Funds Purchase Request

Fort Chaffee Joint Maneuver Training Center (FCJMTC)
Non-Appropriated Funds Purchase Request (Goods)

Date: xx/xx/xxxx

SECTION I – Purchase Request Data

Purchase Request # xx/xx/xxxx - xx

Vendor Name:

Address: State ZIP CODE

Phone: Email: email address:

Purchase Description:

Estimated Dollar Amount: \$ Max Dollar Amount: \$

Budget Account Reference:

MAJ ACCOUNT xxxx – Account Name SUB ACCOUNT xxxx · Account Name

REQUESTOR (Lodging Manager) X _____

SECTION II - FCJMTC Funds Expenditure Approval (Less Than 2K Requires LOG Officer Signature/ Greater Than 2K requires BOTH LOG Officer and Training Site Manager (TSM) Signature)

Facilities Manager X _____

Training Site Manager X _____

SECTION III – Disbursements

CHECK # Debit Card INVOICE # xx/xx/xxxx - xx Date xx/xx/xxxx Amount \$

Appendix C-9 Contract Service Request

**FCJMTC-LODGING
CONTRACT SERVICE REQUEST**

DATE _____

SECTION I - LODGING NON-APPROPRIATED FUNDS REQUESTED

PURCHASE REQUEST # _____

ITEM DESCRIPTION AND QTY _____

VENDOR NAME _____

ESTIMATED COST \$ _____, amount not to exceed \$ _____

BUDGET/ACCOUNT CROSS REFERENCE _____, and BALANCE _____

REQUESTOR SIGNATURE _____
NAF Lodging Manager

SECTION II - APPROVAL OF EXPENDITURE (requires two signatures)

Base Operations Manager

Council Member

SECTION III -

PURCHASE ORDER NUMBER _____

Funds are available in the Lodging Budget for disbursement. Funds verified by the Facility Manager.

APPENDIX C-10 Employee Performance Agreement Example

Employee Performance Review Agreement

Employee Name	
Employee Signature	
Position	
Review Period	
Reviewer Name	
Reviewer Signature	
Date of Review	

Rating Scale

Rating Level	Score	Description
Exceptional Results	5	Consistently exceeds expectations
Exceeds Expected Results	4	Frequently exceeds job requirements
Achieved Expectations	3	Consistently meets job requirements
Minimally Satisfactory	2	Occasionally falls short of expectations
Unsatisfactory	1	Consistently fails to meet job requirements

Performance Standards

Level 5. This rating is authorized for performance that far exceeds what is expected in the attainment of the performance requirement, as evidenced by exceptional accomplishments or contributions to the mission.

Level 4. This rating is authorized for performance that surpasses what is expected in the attainment of the performance requirements and/or results in the achievement of unexpected outcomes that contribute to the mission.

Level 3. This rating is authorized for performance that fully attains the performance requirements described in the performance plan.

Level 2. This rating is authorized when the executive's performance partially meets or demonstrates some progress toward attainment of the performance requirements described in the performance plan. An employee assigned a Minimally Satisfactory rating should be counseled on performance requirements and aid in improving performance.

Level 1. This rating is authorized when an employee's performance fails to meet the performance requirements for one or more elements in the performance improvement plan. An employee whose performance is unsatisfactory for any element (i.e., receives fewer than 2 points) will receive an Unsatisfactory rating. The employee's supervisor shall initiate action to immediately reassign, demote, separate the employee.

Performance Criteria

1. Leadership / Supervision

- Provides clear direction and guidance
- Motivates and supports team members
- Demonstrates accountability and decision-making

Rating: _____

Comments: _____

2. Customer Care / Service

- Responds promptly and professionally to customer needs
- Maintains a courteous and helpful attitude
- Resolves issues effectively and efficiently

Rating: _____

Comments: _____

3. Resource Management

- Uses time, budget, and materials efficiently
- Minimizes waste and maximizes productivity
- Demonstrates fiscal responsibility

Rating: _____

Comments: _____

4. Communication

- Communicates clearly and respectfully
- Listens actively and responds appropriately
- Shares information in a timely and effective manner

Rating: _____

Comments: _____

5. Physical Security / Accountability

- Maintains secure and safe environments
- Follows protocols for asset and personnel protection
- Demonstrates responsibility for assigned equipment and areas

Rating: _____

Comments: _____

6. Cooperation / Teamwork

- Works collaboratively with others
- Supports team goals and contributes positively
- Demonstrates flexibility and willingness to assist

Rating: _____

Comments: _____

