

APPENDIX G

LONG-TERM TRAINING (LTT) POST EVALUATION
(ER-350-1-416)

This evaluation should be completed one year after completion of the LTT assignment.
This evaluation must be forwarded to CDR, USACE (CEHR-HD), Washington, D.C. 20314-1000

| | |
|---------------------------|--|
| 1. NAME (Last, First, MI) | 2. EMPLOYING ACTIVITY (Complete mailing address) |
|---------------------------|--|

PART I - JOB DATA PRIOR TO LTT

| | |
|-------------|--|
| 3. LOCATION | 4. OFFICIAL TITLE, SERIES, AND GRADE (from your SF 50, Notification of Personnel Action) |
|-------------|--|

| | |
|---|---|
| 5. ORGANIZATIONAL TITLE (e.g., Project Manager) | 6. LOCATION IN EMPLOYING ACTIVITY (Section, Branch, Division) |
|---|---|

7. BRIEF DESCRIPTION OF YOUR DUTIES

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PART II - LTT ASSIGNMENT DATA

8. END OF SERVICE OBLIGATION (enter date)

9. LTT PROGRAM TITLE AND TYPE

| | |
|------------------------|---|
| a. TITLE (e.g., MROGP) | b. TYPE (e.g., developmental assignment, university course) |
|------------------------|---|

| | |
|------------------------------|--|
| 10. SCHOOL/TRAINING ACTIVITY | 11. ACTUAL PERIOD OF ATTENDANCE From: _____ To: _____ |
|------------------------------|--|

12. ACADEMIC ACHIEVEMENT (Did you earn an academic degree as a by-product of the LTT Program?)

YES NO

If answer is YES, complete as appropriate: a. DEGREE: _____

b. ACADEMIC DISCIPLINE: _____ c. DATE AWARDED: _____

PART III - CURRENT JOB DATA

| | |
|--------------|---|
| 13. LOCATION | 14. OFFICIAL TITLE, SERIES, AND GRADE (from your SF 50, Notification of Personnel Action) |
|--------------|---|

| | |
|--|--|
| 15. ORGANIZATIONAL TITLE (e.g., Project Manager) | 16. LOCATION IN EMPLOYING ACTIVITY (Section, Branch, Division) |
|--|--|

17. SUMMARY OF POSITIONS HELD SINCE LONG-TERM TRAINING (If you have changed positions since you were selected for LTT, give series, grade, position title, and effective date for each change.)

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PART III - CURRENT JOB DATA (Cont'd)

18. BRIEF DESCRIPTION OF CURRENT DUTIES

19. LTT ASSIGNMENT BENEFITS. *(Describe how your LTT assignment prepared you for your current job.)*

PART IV - SUPERVISOR'S EVALUATION

(To be completed by the supervisor if the trainee has not changed positions since the LTT assignment.)

20. MISSION IMPACT *(Describe impact of trainee's participation in LTT on mission accomplishment.)*

21. REMARKS *(Use this space for continuation of above data items (Part I thru IV), as necessary, and for any additional comments on LTT.)*

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| | | |
|---|------------------|-------------|
| 22. TRAINEE'S SIGNATURE | | DATE |
| 23. SUPERVISOR'S NAME <i>(Type or print)</i> | SIGNATURE | DATE |

Reverse of ENG FORM 4999-R