

Functional Review Form

School or Program:

Name (Last, First, MI):

Career Program/Field and Code:

Instructions: This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs/MCPMs are unavailable due to organizational structure **or** the nominee is not in a series covered by a DA Civilian Career Program (CP), this form should be completed by the second level supervisor(s) or functional official(s).

1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development? Initial the appropriate line and column:

	a. Activity CP Manager (ACPM)	b. MACOM CP Manager (MCPM)	c. HQDA FCR/Personnel Proponent (For FCR/CP use ONLY)
Critical			
Important			
Desirable			
Not Appropriate			

2a. Reason for Rating of ACPM or Other Reviewer in 1a above:

2b. Reason for Rating of MCPM or Other Reviewer in 1b above:

2c. HQDA FCR/Personnel Proponent Concurrence/Comment regarding 1c above:

3. Each employee who attends training should have a Utilization Plan that will assure full utilization of the knowledge, competencies and abilities acquired during the DCP training program. Please review the **Utilization Plan** proposed by nominee's supervisor and add comments and recommendations below.

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of HQDA FCR/Personnel Proponent:

Rank Order: of

ACPM or Other Reviewer's Title

MCPM or Other Reviewer's Title

Signature

Signature

Date

Date

FCR or Other Reviewer's Title

Signature

Date