

Functional Review Form

School or Program:

Name (Last, First, MI):

Career Program/Field and Code:

[Click HERE](#) for a list of Career Programs to cut/paste from

Instructions: This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs/MCPMs are not available because of organizational structure **or** the nominee is not in a series covered by a DA Civilian Career Program, 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/Per Prop use ONLY)
Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desirable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 knowledges and abilities acquired during the training program. Please review the **Utilization Plan** proposed by nominee's supervisor and add your comments and recommendations below. (For SSC nominees, as a minimum, you are certifying that the assignment is appropriate for the individual, the best return on the investment for the Department of the Army, and can be accomplished.)

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

Date

Signature

Date

FCR/Personnel Proponent's Title

Signature

Date