SIGNATURE OF DESIGNATED SUPERVISOR

DATE	NAME/SIGNATURE	INITIALS	RATE	UNIT

ALCOAST 179/05 requires that completion of the Performance Requirements must be verified by a designated supervisor and recorded on form CG-1510-2 before you are allowed to take an Advancement Qualification Exam (AQE).

_____ has successfully completed his/her E-PME Performance Requirements for pay grades E-3 & E-4 and is eligible to take the AQE for those pay grades.

_____ _____
Supervisor's signature Date

_____
Supervisor's printed name

_____ has successfully completed his/her E-PME Performance Requirements for pay grades E-5 & E-6 and is eligible to take the AQE for those pay grades.

_____ _____
Supervisor's signature Date

_____
Supervisor's printed name

_____ has successfully completed his/her E-PME Performance Requirements for pay grades E-7 & E-8 and is eligible to take the AQE for those pay grades.

_____ _____
Supervisor's signature Date

_____
Supervisor's printed name

NAME (Last, First, Middle Initial)	Employee I.D. Number