

FACILITY MANAGER CERTIFICATION OF REVIEW

Annual Self-Review of Facility Manager Contact Information, Duties & Responsibilities

1. The following information is required to confirm and/or update our files. Civil Engineering requires an annual revalidation of the Facility Manager Contact information. The intent of this information is to ensure that Facility Managers are able to perform their duties and Civil Engineering can effectively communicate with you. Please review this form and provide the information requested NLT the date in block 2.

Name and Rank/Pay Grade: _____

Facility Manager: Primary Alternate Both (Choose One)

Duty Organization: _____

Duty Phone: _____ Alt Phone: _____

Official E-mail address _____

Location/Room # _____

I am responsible for the following facility(s) (provide electronic copy of most current Facility Manager Appointment Letter).

Will you be relocated, retired, PCS'd, or PCA'd in the coming year? (Y/N) _____. If so, please specify the anticipated date _____. Reminder: it is your responsibility to provide your local facility management program office with an updated FM assignment letter, from your commander, within 30 days of cessation.

Do you have a hard copy or know the location of an electronic version of the Facility Manager's Handbook? YES NO.

If you are a Primary Facility Manager, do you maintain a continuity folder? (Hard/electronic copy) YES NO N/A.

If you are an Alternate Facility Manager, do you know where the Facility Managers continuity folder is kept? YES NO. Do you use it as a reference? YES NO.

2. Please read the attached Facility Manager Duties and Responsibilities document located in the next pages and sign acknowledging that the information above is correct and that you read the attached documentation.

Sign this certificate and return to CES/CEOER by _____.

(Facility Manager Signature)

(Date)