



## MONTHLY PERFORMANCE REPORT

AFRC Aerospace Medicine Case Management

Contract # FA 6643-17-F0062

**SAMPLE**

**Service Provider Name:**

Date:

Month Reported:

Potential O&M Days:

**Required Cases (O&M Days X 10):**

**Man-Hours Available (Days X 8):**

**Alibis/Modifications:**

Preparations:

Teaching & Travel:

Site Visits:

Leave/Holiday/Vacation:

System Down/Limited Access:

Other Factors:

**Adjusted Man Hours:**

**Adjusted Case Load  
(Hrs. Divided by 8 X 10):**

**Actual Man Hours Performed:**

**Actual Cases Reviewed:**

No. of Cases:

- Exceeded Standard
- Met Standard
- Did Not Meet Standard

**Comments/Notes:**

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**Comments/Notes Continued:**

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