ACQUISITION, TECHNOLOGY, AND LOGISTICS (AT&L) WORKFORCE POSITION REQUIREMENTS OR TENURE WAIVER

(Refer to the DoD Desk Guide and DoD Component procedures when preparing this form.)

PART I - ROUTING/COORDINATION

1.a. FROM *(Component/Organization/Office Symbol and Address)*	b. COORDINATION/VIA *(Name, Title, Organization, Telephone)*	c. COORDINATION/VIA *(Name, Title, Organization, Telephone)*
Marine Corps Systems Command		

2. TO *(Waiver Approval Authority) (Organization/Office Symbol and Address)*

Pamela J. King Workforce Development Business Manager Marine Corps Systems Command 2200 Lester St Quantico, VA 22134

PART II - POSITION DATA

3. POSITION NUMBER	4. POSITION TITLE	5. REQUIRED GRADE/RANK
N/A		

6. UIC	7. OCC SERIES/SPECIALTY	8. AT&L POSITION CATEGORY	9. REQUIRED CERTIFICATION LEVEL

10. POSITION TYPE	11. SPECIAL ACQUISITION ASSIGNMENT	12. PROGRAM TYPE

PART III - IDENTIFICATION AND PERSONAL DATA

13.a. LAST NAME	b. FIRST NAME	c. MI	14. RANK/GRADE	15. SSN

PART IV - WAIVER TYPE/INFORMATION *(Complete either Item 16 OR Item 17)*

[X] **16. POSITION REQUIREMENTS WAIVER** *(Enter "X", when applicable, and complete a., b., and c.; explain in Item 18.)*

a. POSITION REQUIREMENT(S) TO BE WAIVED *(Select a different requirement in each block and explain in Item 18.)*

(1)	(2)	(3)

b. DUE TO ABSENCE OF REQUIRED: *(Select all applicable and explain in Item 18.)*

(1) EDUCATION	(2) TRAINING
(3) EXPERIENCE	

c. WAIVER DURATION: [X] DURATION OF ASSIGNMENT [ ] TARGET DATE FOR MEETING REQUIREMENT(S) *(DD-MMM-YYYY)*:

[ ] **17. TENURE WAIVER** *(Enter "X", when applicable, and specify current and requested release dates; explain in Item 18.)*

a. CURRENT TENURE EXPIRATION DATE *(DD-MMM-YYYY)*:	b. REQUESTED RELEASE DATE FROM TENURE *(DD-MMM-YYYY)*:

18. REASON/EXPLANATION *(Explain the exceptional circumstances justifying the waiver. For Position Requirements Waiver, also address the individual's ability to perform in the position while working to achieve the standards.) (Continue on back if necessary.)*

19. REQUESTING MANAGEMENT OFFICIAL

a. NAME, RANK/GRADE,TITLE, ORGANIZATION, AND TELEPHONE NUMBER	b. REQUESTING MANAGEMENT OFFICIAL SIGNATURE
Enter Competency Lead's information here	c. DATE *(DD-MMM-YYYY)*

20. REQUESTING OFFICIAL WAIVER POINT OF CONTACT *(Name, title, organization, and telephone number)*

Enter Supervisor's information here

PART V - DISPOSITION

21. APPROVING OFFICIAL

a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER

Pamela J. King, Workforce Development Business Manager, Marine Corps Systems Command 703-432-4460

b. APPROVED?	c. APPROVING OFFICIAL SIGNATURE	d. DATE *(DD-MMM-YYYY)*
[ ] YES [ ] NO		

22. APPROVING OFFICIAL COMMENTS *(If required) (Continue on back if necessary).*

18. REASON/EXPLANATION *(Continued)*

22. APPROVING OFFICIAL COMMENTS *(Continued)*

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