

**DEFENSE ACQUISITION WORKFORCE
POSITION REQUIREMENTS OR TENURE WAIVER**

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

PART II - POSITION DATA

3. POSITION NUMBER	4. POSITION TITLE	5. REQUIRED GRADE/RANK	
6. UIC	7. OCC SERIES/SPECIALTY	8. DEFENSE AWF POSITION CATEGORY	9. REQUIRED CERTIFICATION TIERS
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. DOD ID NO.
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PART IV - WAIVER TYPE/INFORMATION (Complete either Item 16 OR Item 17)

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

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

c. WAIVER DURATION: 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):
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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
	c. DATE (DD-MMM-YYYY):

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

PART V - DISPOSITION

21. APPROVING OFFICIAL

a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER			
b. APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. APPROVING OFFICIAL SIGNATURE		d. DATE (DD-MMM-YYYY)

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

18. REASON/EXPLANATION *(Continued)*

22. APPROVING OFFICIAL COMMENTS *(Continued)*