

**USDA Marketing and Regulatory Programs
Promotion Resulting From Additional Duties and Responsibilities**

Name of Incumbent:	Position Description No.:
Current Position Title, Series & Grade:	Proposed Position Title, Series & Grade:
Current Organization:	Proposed Organization:
<p>I CERTIFY THE FOLLOWING REQUIREMENTS FOR PROMOTION RESULTING FROM ADDITIONAL DUTIES AND RESPONSIBILITIES HAVE BEEN MET:</p> <ul style="list-style-type: none"> • the employee continues to perform the same basic functions • the major duties of the former position are absorbed into the new position • the new position has no further promotion potential • no other positions within the organizational unit are adversely affected • the new position is not a reclassification from nonsupervisory to a lead or supervisory status 	
SUPERVISOR:	DATE:
POSITION CLASSIFICATION SPECIALIST:	DATE:
PERSONNEL STAFFING SPECIALIST:	DATE:

*Attach a copy of this form to the Promotion Resulting from Additional Duties and Responsibilities Position Description and file in the employee's OPF and the organizational position description file after all signatures have been obtained.
