

## NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

|   |        |   |  |
|---|--------|---|--|
| <b>TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC</b>   |        | FROM:   |  |
| THRU (Liaison Officer):   |        | ROUTING CODE:                                   |  |
| BILLET TITLE: _____   |        | ADDRESS:  |  |
| BILLET #: _____   |        | PHONE NUMBER:                                   |  |
| RANK REQUESTED: (0-2, 0-3, 0-4, etc.) _____   |        | (This block to be completed by liaison officer) |  |
| GS/GM EQUIVALENT: _____   |        | IS THIS A NEW BILLET: YES NO                    |  |
|   |        | BILLET PRIORITY: A, B, C, R                     |  |
| IMMEDIATE SUPERVISOR:   | TITLE: | PHONE NUMBER:                                   |  |
| EDUCATIONAL REQUIREMENTS:   |        |   |  |
| OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)   |        |   |  |
| 1. GENERAL DESCRIPTION OF BILLET:   |        |   |  |
| 2. DUTIES AND RESPONSIBILITIES:<br>a. Is this a supervisory billet? YES NO<br>b. If so, state number and grade of personnel supervised. Number: _____ Grade(s): _____ |        |   |  |

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: