

NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS: PHONE NUMBER:
THRU (Liaison Officer):		
BILLET TITLE: _____	BILLET #: _____	
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	
IMMEDIATE SUPERVISOR: _____		BILLET PRIORITY: A, B, C, R
TITLE: _____		PHONE NUMBER: _____

EDUCATIONAL REQUIREMENTS:

OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)

1. GENERAL DESCRIPTION OF BILLET:

2. DUTIES AND RESPONSIBILITIES:
a. Is this a supervisory billet? YES NO
b. If so, state number and grade of personnel supervised. Number: _____ Grade(s): _____

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: