

MANPOWER CHANGE REQUEST

National Capital Region Medical Directorate Manpower Change Request Form		
Organization:	Requestor:	Date:
Requestor's E-Mail:		Requestor's Phone:
Subject:		
1a. Type Action: (Select One) (Select One)	1b. Desired Effective Date:	
2. Request Summary (BLUF):		
3. Justification:		
a) Describe proposed action:		
b) Is the requirement temporary or permanent? (Select One)		
c) Why is the action needed?		
d) Type of resource requested (Military, Civilian, or Contract)? (Select One)		
e) What are the expected benefits to the organization? Provide a business case analysis or other verifiable evidence such as backlog reduction, customer satisfaction improvement, or other statement of benefit appropriate to the scope of the change.		
f) Have other options been explored, e.g., process improvements, skill upgrades, technology changes, etc.		
g) Will there be any changes to existing military duty or civilian position descriptions?		

h) What costs/savings will occur as a result of the proposed action if any?	
i) When does this action need to be accomplished?	
4. Position/Billet Information (Current):	
a. (OLD) Position Title:	
b. Rank/Grade:	
c. AOC/MOS/Occupational Series:	
d. Position/Billet Number:	
e. UIC:	
5. Position/Billet Information (Change To):	
a. (NEW) Position Title:	
b. Rank/Grade:	
c. AOC/MOS/Occupational Series:	
d. Position Number:	
e. Branch of Service:	
f. UIC:	
6. Civilian billets realigned or cross-leveled within NCR? (Select One)	
7. Military personnel and/or billets moved to new department/section within MTFs or Center? (Select one):	
8. Insourcing/outsourcing? (Select One)	
9. Cross-leveling of contract support? (Select One)	
1. Director For (sign):	2. Requesting Office Manpower (sign):
3. Chief of Staff (Requesting Organization (sign):	4. Chief of Staff (Gaining Organization (sign):
5. Chief for Personnel, NCR MD (sign):	6. Chief of Staff / Director NCR MD (sign):
7. Manpower, DHA (US PHS Program Office Only)	