NOAA Form 5	6-28A
(8-94)	

U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION PRILLET DESCRIPTION

NOAA COMMISS	SIONED O	FICER BILLET D	PESCRIPTION
TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:	
THRU (Liaison Officer):			
BILLET TITLE: BILLET #:		PHONE NUMBER:	
RANK REQUESTED: (0-2. 0-3, 0-4, etc.)		(This block to be completed by	
GS/GM EQUIVALENT:		IS THIS A NEW BILLET: BILLET PRIORITY: A,	YES NO B, C, R
IMMEDIATE SUPERVISOR:	TITLE:		PHONE NUMBER:
EDUCATIONAL REQUIREMENTS:			
OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC)			
4 OFNED AL DECODINETION OF DILLET			
1. GENERAL DESCRIPTION OF BILLET:			
DUTIES AND RESPONSIBILITIES:     a. Is this a supervisory billet? YES NO     b. If so, state number and grade of personnel supervised.	Number:	Grade(s):	
b. If 30, state number and grade of personner supervised.	Number.	Grade(3).	

3. CAREER DEVELOPMENT OPPORTUNITIES:	
4. ADDITIONAL COMMENTS:	
SIGNATURE OF SUPERVISOR:	DATE: