

NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		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:			
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: