

DEPARTMENT OF HOMELAND SECURITY

U.S. COAST GUARD

REQUEST TO ASSIGN COMPETENCIES, EDUCATION, OR OFFICER SPECIALTY TO A POSITION

SECTION I - GENERAL INFORMATION (Complete for all requests)

1. Requesting Unit or Program:		2. Date of Request:		
3. POC Name:	4. Command Endorsement:		5. Date of Endorsement:	
6. Nature of Request (Choose One): New Position Request Existing Position Update				
7. Provide a brief explanation for this assignment or change:				
Multiple POSN # (See Attached)	8. Position Number:	9. Position Title:	10. Dept/Unit ID:	

SECTION II - COMPETENCY AND OTHER REQUIREMENTS

Part A: Competencies

11. Competency Assignments (Enter Competency Code, Title, and Importance Level):

Competency Code	Competency Title	Importance (5=High)				
		5	4	3	2	1

Part B: Other Requirements

12. Desired Experience (Indicate if this position requires some specific amount of experience and/or prior assignments):

13. Education Requirements (Enter Degree Code, Level, Title [major], and Importance Level):

Degree Code	Degree Level	Degree Title	Importance (5=High)				
			5	4	3	2	1

14. Licenses and/or Certifications Requirements (Enter License/Certification Code, Title, and Importance Level):

Lic/Cert Code	License/Certification Title	Importance (5=High)				
		5	4	3	2	1

15. Comments

SECTION III - OFFICER SPECIALTY DESIGNATION (Complete for Officer Positions Only)

16. Officer Specialty/Subspecialty Assignment:

Code	Specialty Title	Code	Sub Specialty Title

SECTION IV - REVIEW AND APPROVAL (To be completed by CMSA Staff)

17a. Area Endorsement (if applicable): Approved Approved as modified Disapproved		17b. Signature & Date:
17c. If request was not originated by Area, include Area feedback/comments:		
18a. Program Manager Endorsement: Approved Approved as modified Disapproved		18b. Signature & Date:
18c. Program Sponsor comments and feedback:		
19a. CG-12A Endorsement (if Contains an Officer Specialty): Approved Approved as modified Disapproved		19b. Signature & Date:
19c. CG-12A comments and feedback:		
20a. Competency Administrator Final Disposition of Request (To be completed by CMSA Staff): Approved Approved as modified Disapproved		20b. Signature & Date:
20c. Competency Administrator Specific Reason Request was Modified or Disapproved:		
21. TMT/ALMIS Notified (if applicable):		
22. Date Entered into Direct Access:	23. Authorizing Official Name & Signature:	