REQUIS For use of	ITION FOR INDIVIDE this form, see AR 614-185: the	OUAL OFFICER F ne proponent agency is N	PERSONNEL MILPERCEN.	REQUISITION	N NUMBER	
HEADQUARTERS OF ORIGIN A			RGANIZATION, DUTY STATION AND U	JIC (to include s	station address)	
IOD TITLE: (a and in a small and		1 1-(-)		GRADE	DESIRED REPORT DATE	
JOB TITLE: (para/line number a	nd authorization document	and data)		GRADE	DESIRED REPORT DATE	
				PRINCIPAL P	OSITION SPECIALTY CODE	
BRIEF JOB DESCRIPTION				SKILL IDENTIFIER		
				SECONDARY POSITION SPECIALTY		
				CODE	SECOND ASI/LIC	
				ASI	SECOND ASI/LIC	
					LEARANCE (include learance required)	
MILITARY/CIVILIAN SCHOOLING	S:			_		
				LANGUAGE	(include level of proficiency)	
REMARKS: (Mandatory or desirable qualifications when applicable, if position not interchangeable (male/female). Indicate reason, also include other information such as passport requirements, DOR restrictions, dependent school facilities, clothing requirements, any special instructions such as TDY enroute, funds, etc.)				AFRB VALID	ATION NUMBER	
special instructions such as 1D1 etroute, failus, etc.)						
				CONCURREI (remarks such authority)	NT TRAVEL STATUS CODE as shipment of HHG AND POV	
INCUMBENT'S NAME GRADE				-		
BRANCH	CONTROL SPECIALTY		EXPECTED DATE OF DEPARTURE	TOUR LENG	ГН	
TYPED NAME, & GRADE OR TIT	LE OF ADMIN OFFICER	TELEPHONE NO.	SIGNATURE		DATE	