

DEPARTMENT OF DEFENSE WAIVER OF ASSIGNMENT PERIOD FOR PROGRAM MANAGERS/ DEPUTY PROGRAM MANAGERS		REPORT CONTROL SYMBOL
COMPONENT/ORGANIZATION		
1. TO <i>(Service Acquisition Executive/DACM)</i>	2. COPY TO <i>(USD(A)AET&CD)</i>	3. FROM <i>(Organization and Address)</i>
POSITION DATA		
4. NAME OF ACQUISITION PROGRAM	5. MILESTONE STATUS/NEXT MILESTONE DATE <i>(YYYYMM)</i>	6. ORGANIZATION
7. UIC	8. POSITION NUMBER	9. OCCUPATIONAL SERIES/SPECIALTY
IDENTIFICATION AND PERSONAL DATA		
10. NAME <i>(Last, First, Middle Initial)</i>	11. GRADE/RANK	12. SSN
13. POSITION <i>(X one)</i>		14. REPLACEMENT STATUS <i>(X one)</i>
<input type="checkbox"/> PROGRAM MANAGER	<input type="checkbox"/> DEPUTY PROGRAM MANAGER	<input type="checkbox"/> ASSIGNED
		<input type="checkbox"/> NOT ASSIGNED
15. OCCUPATIONAL SERIES/SPECIALTY	16. DATE ASSIGNED TO POSITION <i>(YYYYMM)</i>	17. PROPOSED REASSIGNMENT DATE <i>(YYYYMM)</i>
18. WAIVER REASON <i>(X one)</i>		
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> REASSIGNMENT IN GOVERNMENT'S INTEREST	<input type="checkbox"/> HUMANITARIAN REASSIGNMENT/ DISCHARGE
19. NARRATIVE		
20. REQUESTING OFFICIAL		
a. TYPED NAME	b. GRADE	c. ORGANIZATION
d. SIGNATURE		e. DATE <i>(YYYYMMDD)</i>
21. SERVICE ACQUISITION EXECUTIVE/DACM APPROVAL		
a. TYPED NAME	b. TITLE	
c. SIGNATURE		d. DATE <i>(YYYYMMDD)</i>