

NAF APPLICATION FOR PROMOTION OR OTHER POSITION CHANGE

INSTRUCTIONS

- A. If applying for promotional opportunity, send completed form directly to CCPO.
 B. If not applying for promotional opportunity, give reason(s) on reverse side of form, continuation of Part 1, and submit to CCPO through Supervisor. Supervisor will give recommendations on the reverse of Form, Part 1, sign, date, and send to the CCPO.
 C. Submit in one copy. Type or print all entries in Items 1 through 16, and Item 18. Attach Standard Form 172 to show any experience, education or training not recorded in your official Personnel Folder. Complete all items except Items 17, 19; 20.
 D. Section I of this form will be reviewed by the Selecting Supervisor when you are referred for consideration.

PART 1	1. TO: CENTRAL CIVILIAN PERSONNEL OFFICE 30 FSS/FSMH	2. FROM: NAME (Last, First, Middle Initial)
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3. REQUEST I BE CONSIDERED FOR POSITION CHANGE AS SHOWN BELOW

4. TITLE AND GRADE OF POSITION APPLIED FOR <i>(Enter in Item 15 also)</i>	5. PRESENT POSITION AND GRADE	6. HIGHEST GRADE HELD IN USAF NAFI
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7. SELF DEVELOPMENT *(Summarize education, training, study or any other off-the-job activities that you believe increase your qualifications or merit for promotion)*

8. RECOGNITION AND AWARDS *(Give type and approximate date of each; for example, awards for suggestion(s), work performance, commendation(s), outstanding performance rating(s), etc.)*

9. NAME OF SUPERVISOR	10. TELEPHONE NUMBER OF SUPERVISOR	11. NO. PUBLISHED ANNOUNCEMENT <i>(If any)</i> N/A
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12. SIGNATURE OF APPLICANT	13. FUND <i>(Include Office Symbol if known)</i>	14. DATE
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ALSO COMPLETE ITEMS 15, 16, AND 18

PART 2	15. POSITION FOR WHICH CONSIDERED <i>(Same as Item 4 above)</i>	16. NO. PUBLISHED ANNOUNCEMENT <i>(Same as Item 11)</i> N/A
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17. YOU WERE CONSIDERED FOR THE ABOVE POSITION AND ACTION WAS TAKEN AS CHECKED BELOW:

QUALIFIED YOUR NAME WAS REFERRED TO THE SELECTING SUPERVISOR FOR CONSIDERATION.

NOT QUALIFIED YOUR QUALIFICATIONS ON RECORD DO NOT MEET MINIMUM REQUIREMENTS:

GENERAL EXPERIENCE SPECIALIZED EXPERIENCE OTHER

OTHER

18. NAME OF APPLICANT AND ON BASE ADDRESS: TO: NAME:	FOR FURTHER INFORMATION SEE NAF PROMOTION PLAN. REFER ANY QUESTIONS TO YOUR SUPERVISOR AND, IF NECESSARY, TO THE CCPO.
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ORGANIZATION:	19. DATE
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LOCATION:	20. SIGNATURE OF CCPO REPRESENTATIVE
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PART
1

(CONTINUED)

REQUEST I BE CONSIDERED FOR REASSIGNMENT/DEMOTION FOR THE FOLLOWING REASONS:

SIGNATURE OF EMPLOYEE

RECOMMEND APPROVAL.

RECOMMEND DISAPPROVAL (*Give reasons*):

SIGNATURE OF SUPERVISOR