DESK AUDIT/POSITION REVIEW REQUEST

Technician Information:

Last Name: _____ First Name: _____ Middle Name: _____

Military Rank: _____ Organization Name: _____ Organization Location: _____

Current Position Information:

Position Title: _____

Position Description Number: _____

Pay Plan, Occ Series, Grade: _____

Supervisory Position:

Yes ☐ No ☑

Proposed Position Information:

Position Title: _____

Position Description Number: _____

Pay Plan, Occ Series, Grade: _____

Supervisory Position:

Yes ☐ No ☑

Supervisor's Justification for Request:

Supervisor Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Signature: _____

CLASSIFICATION - Request Validation: Valid ☒ Invalid ☐

Your request for a desk audit/position review has been validated. Please have the incumbent of this position complete the attached questionnaire and return to Classification at NG.WV.WVARNG.LIST.HRO-CLASSIFICATION@mail.mil.

It is imperative that the questionnaire is completed with as much detail as possible. In the event classification cannot gain a thorough understanding of the position from the questionnaire alone, a formal interview will be conducted.

_____ Classification & Position Management Specialist

_____ Classification & Position Management Specialist