

## POSITION MANAGEMENT REVIEW (PMR)

**ACTION REQUESTED**  
*(Check all that apply)*

 ESTABLISH ☐

 REALIGNMENT ☐

 POSITION REVIEW ☐  
*(TITLE, SERIES, GRADE CHANGES)*

| POSITION   | CURRENT <i>(Per T/O)</i>         | PROPOSED   |
|--|----------------------------------|--|
| 1. BILLET IDENTIFICATION CODE<br><i>(BIC) #</i>  |                                  |  |
| 2. BILLET DESCRIPTION  |                                  |  |
| 3a. PAY PLAN - GRADE   |                                  |  |
| 3b. OCCUPATIONAL SERIES  |                                  |  |
| 4. DIVISION  |                                  |  |
| 5. SECTION   |                                  |  |
| 6. POSITION STATUS   | FILLED <input type="checkbox"/>  | VACANT <input type="checkbox"/>                      |
| 7. SUPERVISORY CONTROLS<br><i>(Per Position Description OF-8)</i>  | CURRENT <input type="checkbox"/> | PROPOSED <input type="checkbox"/> <i>(realigned)</i> |
| 8. 1ST LINE SUPERVISOR<br>BIC, TITLE & GRADE   |                                  |  |
| 9. 2ND LINE SUPERVISOR<br>BIC, TITLE & GRADE   |                                  |  |
| <b>*** PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL ***</b>   |                                  |  |
| 10. Specifically state the changes to the position description and/or billet attributes (i.e. Security Clearance, Weapon Code, Cost Center Code, Program Element Number, etc.), and what changes in duties, policy, program or operations prompted this action. Please include supporting documentation (i.e. MARADMIN, MCO, Directive, etc.). |                                  |  |
|  |                                  |  |
| 11. Do the requested changes affect funding? If so, please provide basic labor cost estimate and possible source of compensation.  |                                  |  |
|  |                                  |  |

12. An up-to-date Mission and Function Statement is required to be submitted with any requested change to a position.  
How does this position support your Section's Mission and Function Statement?

13. How will the requested changes improve efficiency and effectiveness in completion of mission objectives?  
What steps were taken with regard to Position Management to mitigate the requested change (*i.e. Process Improvement, Manpower Efficiencies, etc.*)? Explain.

14. What is the risk to mission requirements if this request is not approved? Describe the impact.

15. Typed Name of AC/S, Deputy or Officer In Charge

Signature

Date