

AGR-AIR BRANCH – REQUEST FOR PERSONNEL ACTION

1. Requesting:		<input type="checkbox"/> Position Fill	<input type="checkbox"/> Selection	<input type="checkbox"/> Other
2. Log Number:	Local:		J1-HRO:	
3. Name: (Last, First Middle Initial)			Rank:	
4. Last Four of Social Security Number :			Date of Birth:	
5. Control Grade?	<input type="checkbox"/> Col	<input type="checkbox"/> Lt Col	<input type="checkbox"/> Maj	<input type="checkbox"/> CMSgt
			<input type="checkbox"/> SMSgt	<input type="checkbox"/> N/A
6a. From Position Title		6b. From Position Number		
6c. From FAC Code		6d. From Position Description		
6e. From Name and Location of Position's Organization:				
7a. To Position Title		7b. To Position Number		
7c. To FAC Code		7d. To Position Description		
7e. To Name and Location of Position's Organization:				
8. Request to Advertise Details		8a. Vice:		
8b. Min Rank:		8c. Max Rank:		8d. AFSC:
8e. Area of Consideration:				
<input type="checkbox"/> 108th Wing (WG)				
<input type="checkbox"/> 177th Fighter Wing (FW)				
<input type="checkbox"/> Other				
9. Point of Contact (Name, Grade & Title):				
10. Additional Remarks:				
11. FOR ADDITIONAL INFORMATION CALL:				
PRINTED NAME, GRADE & TITLE:			PHONE:	
12. ACTION REQUESTED BY:				
PRINTED NAME, GRADE & TITLE:			<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
SIGNATURE OF REQUESTING OFFICIAL:			DATE:	
14. ACTION AUTHORIZED BY:				
PRINTED NAME, GRADE & TITLE:			<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
SIGNATURE OF AUTHORIZING OFFICIAL:			DATE:	
15. AGR-AIR APPROVAL BY:				
PRINTED NAME, GRADE & TITLE:			DATE:	