

Position Requirement Extension Waivers

1. Individuals who have exceeded the allotted twenty-four months to achieve their position's certification requirement must obtain a Position Requirement Waiver to remain in the designated acquisition position.
 - a) DD Form 2905 may be submitted for individuals who have not met the required training, education, and experience for certification on their current position. Forward Position Requirement Waiver requests to the WMD Office via a Help Ticket Request through CAMP (link provided below).
 - b) The WMD office will review the package. If package is incomplete, the Reviewing Official will work with the originating POC to complete the package.
 - c) A complete Position Extension Waiver package must contain the following documents:
 - 1) DD Form 2905 (prepared by submitting organization). Complete the form with special interest on the following:
 - a. Block 16. Check Position Waiver. Block "16a, fill out "(1) Certification" . Block 16b, identify whether Education, Training or Experience is lacking. Provide a target date in field 16c (Not to exceed 24 months).
 - b. Block 18 - Describe in detail why the organization is requesting an position requirement extension on the individual. Indicate the number of months requested to meet position requirement. And who will monitor them to ensure standards are met in the requested time frame.
 - c. Block 19 – contains signature of most senior leader of the requesting organization
 - d. Block 21 – CRAIG A. SPISAK, NH-04, Deputy Director Army Acquisition Management (DDACM), USAASC, 703.805.1013
 - 2) Position Description
 - 3) DAU Transcripts, ATTRS screenshot indicating preregistered classes , and IDP
 - 4) Individual's Resume
 - 5) Military Orders (Dual Status Civilian Workforce employees) (if applicable)
 - 6) Medical (if applicable)
2. Once approval/disapproval is determined by the DDACM, the ACM will scan the DD Form 2905 and email the originating POC the complete package.

Sample DD Form 2905

ACQUISITION, TECHNOLOGY, AND LOGISTICS (AT&L) WORKFORCE POSITION REQUIREMENTS OR TENURE WAIVER <i>(Refer to the DoD Desk Guide and DoD Component procedures when preparing this form.)</i>			
PART I - ROUTING/COORDINATION			
1.a. FROM (Component/Agency/Office Symbol and Address) REQUESTING ORGANIZATION	2. TO (Follow Approval Authority/Element/Office Symbol and Address) DDACM, USAASC, 9900 Belvoir Road, Bldg 201, Suite 101, Fort Belvoir, VA 22060	b. LOCATION/UNIT/VIA (Name, Title, Organization, Telephone) IF APPLICABLE	c. LOCATION/UNIT/VIA (Name, Title, Organization, Telephone)
PART II - POSITION DATA			
3. POSITION NUMBER	4. POSITION TITLE	5. REQUIRED GRADE/RANK	
6. DUC	7. OCC SERIES/SPECIALTY	8. AT&L POSITION CATEGORY	9. REQUIRED CERTIFICATION LEVEL
10. POSITION TYPE	11. SPECIAL ACQUISITION ASSIGNMENT		12. PROGRAM TYPE
PART III - IDENTIFICATION AND PERSONAL DATA			
13.a. LAST NAME	b. FIRST NAME	c. MI	14. RANB/GRADE
15. SSN			
PART IV - WAIVER TYPE/INFORMATION <i>(Complete either Item 16 OR Item 17)</i>			
<input checked="" type="checkbox"/> 16. POSITION REQUIREMENTS WAIVER <i>(Enter "X" when applicable, and complete a., b., and c.; explain in Item 18.)</i>			
a. POSITION REQUIREMENT(S) TO BE WAIVED <i>(Select a different requirement in each block and explain in Item 18.)</i>			
(1) Certification	(2)	(3)	
b. DUE TO ABSENCE OF REQUIRED: <i>(Select all applicable and explain in Item 18.)</i>			
(1) EDUCATION Degree	(2) TRAINING DAU Certification Course(s)		
(3) EXPERIENCE Minimum required for certification to position level			
c. WAIVER DURATION:	DURATION OF ASSIGNMENT	<input checked="" type="checkbox"/> TARGET DATE FOR MEETING REQUIREMENT(S) (DDMMYYYY)	ENTER DATE
17. TENURE WAIVER <i>(Enter "X" when applicable, and specify current and requested release dates; explain in Item 18.)</i>			
a. CURRENT TENURE EXPIRATION DATE (DDMMYYYY)	b. REQUESTED RELEASE DATE FROM TENURE (DDMMYYYY)		
18. REASON/EXPLANATION <i>(Explain the occupational circumstances justifying the waiver. For Position Requirements Waiver, also address the individual's ability to perform in the position while seeking to achieve the standards.) (Continue on back if necessary.)</i> Describe in detail why the organization is requesting an position requirement extension on the individual. Indicate the number of months requested to meet position requirement. And who will monitor them to ensure standards are met in the requested time frame. Continue on next page if necessary.			
19. REQUESTING MANAGEMENT OFFICIAL			
a. NAME, RANK/GRADE, TITLE, ORGANIZATION AND TELEPHONE NUMBER MOST SENIOR LEVEL OF THE ORGANIZATION	b. REQUESTING MANAGEMENT OFFICIAL SIGNATURE c. DATE (DDMMYYYY)		
20. REQUESTING OFFICIAL WAIVER POINT OF CONTACT <i>(Name, title, organization, and telephone number)</i> ORGANIZATION POC			
PART V - DISPOSITION			
21. APPROVING OFFICIAL			
a. NAME, RANK/GRADE, TITLE, ORGANIZATION AND TELEPHONE NUMBER Craig A. Spisak, NH-04, DDACM, USAASC, Ft. Belvoir, VA 22060, 703-805-1013			
b. APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. APPROVING OFFICIAL SIGNATURE		d. DATE (DDMMYYYY)
22. APPROVING OFFICIAL COMMENTS <i>(If required.) (Continue on back if necessary.)</i>			

DD FORM 2905, DEC 2005 REPLACES DD FORMS 2588, 2591, 2592, 2593, 2595, 2597, 2599, AND 2601, WHICH ARE OBSOLETE. Adobe Designer 7.0

- 1) DD Form 2905 (prepared by submitting organization). Complete the form with special interest on the following:
 - Block 16. Check Position Waiver.
 - A. Position Requirements to be Waived: “(1) Certification”.
 - B. Identify what is lacking in Education, Training or Experience for certification.
 - C. Provide a target date to meet requirement (not to exceed 24 months).
 - Block 18 - Describe in detail why the organization is requesting an position requirement extension on the individual. Indicate the number of months requested to meet position requirement. And who will monitor them to ensure standards are met in the requested time frame. Continue on next page if necessary.
 - Block 19 – contains signature of most senior leader of the requesting organization
 - Block 21 – CRAIG A. SPISAK, NH-04, Deputy Director Army Acquisition Management (DDACM), USAASC, 703.805.1013