

Position Information Form

This form must be completed by the supervisor and attached to the RPA (Request for Personnel Action) for all RPA's except those listed in the NOTE below.

NOTE: The following personnel actions do NOT require completion of the form: Awards, Resignations, Name Changes, Deaths, Retirements, Suspensions and LWOP.

PD Number:

PS-Occ Code-PB:

Position Title:

UIC:

Org Code:

Accounting Code:

Office Symbol:

Position Sensitivity:

Security Clearance Required:

Duty Station:

Work Schedule: ___ PT ___ FT PT Hours:
(if position is PT, must provide hours per pay period)

Supervisory Status:

(2 = supervises two or more employees 4 = supervises one employee

8 = non-supervisor)

Please provide the Name, PS-Occ Code-PB and Position Title of the first-level Rating Official for this position:

Pay Pool Indicator:

ACQUISITION ONLY:

Is this an Acquisition Position?

Critical Position Identifier:

Job Specialty 1:

Job Specialty 2:

Position Career Category:

Special Assignment:

Acquisition Employee Career Field:

If this position is supervisory, please provide a list of the employees that the position directly supervises, to include name and PD number of the employees. You may provide this information on this form, in the Notepad of the RPA, or as a separate attachment to the RPA. As long as we have the info to validate the PAA hierarchy!!