AGR JOB AUTHORIZATION (REQUEST/CHANGE)
For use of this form, see AR 140-30; the proponent agency is OCAR

DATE:

PART I - FILL DATA

A. POSITION TITLE:	D. UIC:	G. COMMAND/AGENCY:
B. REQUESTED GRADE:	E. PARA: LINE:	H. DUTY LOCATION:
C. DUTY SSI/MOS:	F. DATE OF TDA/MTOE:	

PART II - DESCRIPTION OF DUTIES

JOB DESCRIPTION: *(List major duties that support RC mission - continue in PART V)*

PART III - SUPERVISORY CONTROLS

A. RATING CHAIN:
    OFF/ENL

B. LEVEL OF SUPERVISION/GUIDANCE AGR
    MEMBER WILL RECEIVE: (CHECK BELOW)

	AUTH GRADE	TITLE	FREQ/DAILY	MOD/WEEKLY	MIN/MONTHLY
1. RATER					
2. INTRTR/INDR					
3. SR. RTR/REVWR					

C. NUMBER/CATEGORIES OF AC/RC PERSONNEL TO BE SUPERVISED BY AGR MEMBER IN SUPPORT OF RC MISSION:
    (FILL IN APPROXIMATE NUMBER WHERE APPROPRIATE) : NONE *(CHECK HERE)* ____

	AC	RC		AC	RC	
FULL TIME - OFFICER	____	____	ENLISTED ____ ____			CIVILIAN ____
PART TIME - OFFICER	____	____	ENLISTED ____ ____			CIVILIAN ____

D. CHECK ALL APPLICABLE BOXES BELOW TO DESCRIBE AGR MEMBERS DUTIES:

____ 1. MAKE RECOMMENDATIONS OF RC POLICY.

____ 2. ADVISE ON RC DECISIONS.

____ 3. MAKE DECISIONS ON RC POLICY.

____ 4. PERFORM OPERATIONAL DUTIES IN SUPPORT OF RC.

____ 5. PERFORM ADMINISTRATIVE DUTIES IN SUPPORT OF RC.

____ 6. PERFORM RECRUITING/RETENTION DUTIES IN SUPPORT OF RC.

____ 7. PERFORM SPECIAL RC PROJECTS.

____ 8. WORK WILL BE REVIEWED IN DETAIL.

____ 9. WORK WILL BE REVIEWED FOR ACCOMPLISHMENT OF OBJECTIVES.

____ 10. WILL WORK PRIMARILY ON THEIR OWN.

REMARKS:

PART IV - EDUCATION/EXPERIENCE QUALIFICATIONS

QUALIFICATIONS *(INDICATE BY AN X IN APPROPRIATE BOX)*
    AMPLIFY IN REMARK AT RIGHT.

	REQUIRED	PREFERRED	N/A
1. OAC GRADUATE BRANCH:			
2. C&GS/ENLISTED EDUCATION:			
3. SENIOR SERVICE SCHOOL GRADUATE:			
4. UNIT LEVEL EXPERIENCE SSI/MOS:			
5. COMMAND/SUPERVISORY EXPERIENCE:			
6. STAFF EXPERIENCE SSI/MOS:			
7. OVERSEAS LOCATION:			
8. OTHER SPECIFY IN REMARKS:			
9. SECURITY CL: TS ____ S ____ OTHER ____			

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M   TAB   TAB   TAB   TAB

PART V - ADDITIONAL REMARKS

PART VI - AUTHENTICATION

A. TYPED NAME, GRADE AND TITLE OF REQUESTING OFFICIAL	B. SIGNATURE OF REQUESTOR	C. DATE

PART VII - HQDA USE ONLY - VALIDATION/APPROVAL INFORMATION

A. DAAR-PE	B. DACS-DMS	C. DARP-AR	
1. RECOMMEND APPROVAL _____ DISAPPROVAL _____	1. APPROVED _____ DISAPPROVED _____	1. INCUMBENT NAME:	
2. AUTHORIZED GRADE:	2. DATE AUTHORIZED FOR FILL: FY:	2. GRADE:	
3. SSI/MOS:	3. PRIORITY:	3. SSAN:	
4. UIC:	4. REMARKS:	4. BRANCH	5. SSI/MOS
5. TDA/MTOE: PARA ☐☐☐☐ LINE ☐☐☐☐		6. AVAILABILITY DATE:	
6. TITLE:		7. REPORTING DATE:	
7. BUDGET CATEGORY:		8. ORDER NO#:	
8. SUPPORTING PDIP:		9. SECURITY CLEARANCE:	
9. REVALIDATION DUE DATE:		10. TOUR LENGTH:	
10. SIGNATURE/DATE: PROGRAM MGR		11. CONCURRENT TRAVEL: STATUS CODE:	
11. SIGNATURE/DATE: BUDGET ANAL	5. SIGNATURE/DATE:	12. SIGNATURE/DATE:	

D. FORM INSTRUCTIONS: Cross out *(Request/Change)* as appropriate in the form title.

PART I   - A, B, C, G, H, are self explanatory.
                 D, E, F - Note the TDA/MTOE AGR member will mobilize under.
PART II   - Self explanatory. If more space needed use PART V.
PART III   - Amplify A, B, C, D, in REMARKS.
PART IV   - A - List qualifications that are Required, Preferred or N/A.
                 List special qualifications in Remarks.
PART V & VI   - Self explanatory.
PART VII   - HQDA USE ONLY and Form Completion Instructions.

NOTE: When used to change an approved position, complete PART I and all other areas that change.

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