

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CGAUX-8 (6-04)

U. S. COAST GUARD AUXILIARY
NATIONAL STAFF APPOINTMENT REQUEST

DATE: _____
FROM: DEPARTMENT CHIEF - _____

**I REQUEST APPROVAL TO APPOINT THE FOLLOWING PERSON
TO THE NATIONAL STAFF IN THE POSITION INDICATED**

NAME: _____ MEMBER NUMBER _____
STAFF POSITION: _____ STAFF ABBREVIATION _____
MAILING ADDRESS: _____
CITY _____ STREET / P.O. BOX _____ STATE _____ ZIP+4 _____
TELEPHONE: HOME (H) () _____ BUSINESS (B) () _____
FAX NUMBER: () _____ E-MAIL _____
SPOUSE'S NAME: _____

FORMER POSITION: _____
(IF APPLICABLE)
REASON FOR CHANGE: _____

DCO CONSULTED AND CONCURS WITH APPOINTMENT: YES NO
APPLICATION FORM OR RESUME ATTACHED: YES NO
COPY OF CGAUX-8 TO N-A: YES NO
COPY OF STAFF DUTIES TO N-A (For new or revised position) YES NO
COMMENTS: _____

EFFECTIVE DATE: _____
SUBMITTED BY: _____ DATE _____
APPROVED: NACO _____ DATE _____
NAVCO _____ DATE _____
CHDIRAUX _____ DATE _____
AUXMIS MGR, _____ N-A _____

NATIONAL STAFF APPOINTMENT REQUEST - CGAUX-8

- A. GENERAL** - This form is used to request the appointment of an Auxiliary member to the National Staff. A National Department Chief usually completes the form.
- B.**
1. DATE - Enter the request date.
 2. FROM: DEPARTMENT CHIEF - Enter the requesting Department Chief's name.
- C.**
1. NAME - Enter the requested appointee's name.
 2. MEMBER NUMBER - Enter the requested member's number.
 3. STAFF POSITION - Enter the title of the office to be filled.
 4. STAFF ABBREVIATION - Enter the abbreviation of the staff position to be filled.
 5. MAILING ADDRESS - Enter the address of the requested appointee.
 6. TELEPHONE
 - a. HOME - Enter the home telephone number.
 - b. BUSINESS - Enter the business telephone number.
 - c. FAX - Enter the FACSIMILE telephone number.
 - d. E-MAIL - Enter requested appointee's E-Mail address.
 7. SPOUSE'S NAME - Enter spouse's first name.
- D.**
1. Enter Requested appointee's previous position within a department, if any.
 2. REASON FOR CHANGE - Enter reason for change of staff office or for creation of new position.
- E.** Check the appropriate box.
1. DCO CONSULTED AND CONCURS - Requested appointee's District Commodore should be advised and concur with selection of appointee and with the proposed position.
 2. APPLICATION FORM OR RESUME' ATTACHED - Either a completed application or resume' of the requested appointee should be attached. A completed application should be on file with the National Membership Department.
 3. COPY OF CGAUX-8 TO N-A - Indicate if a copy is being sent to the N-A while original is forwarded for approval.
 4. COMMENTS - Enter any comments in this section.
- F.**
1. EFFECTIVE DATE - Enter requested effective date of appointment.
 2. SUBMITTED BY - Enter person's name submitting the request and the date of the request.
 3. APPROVED:NAVCO - Signature of Directorate, National Vice Commodore (NAVCO), and date of approval.
 4. NACO - Signature of National Commodore (NACO) and date of approval.
 5. CHDIRAUX - Signature of Chief Director Office of Auxiliary and date of approval.
 6. AUXMIS MGR. - Signature of AUXMIS manager signifying processing of the appointment and completion of AUXMIS data entry into the database.
 7. N-A - Signature of National Staff - Administrative Office signifying processing of the appointment through the National Directory.