

**BILLET DESCRIPTION  
INFORMATION**

1. BILLET TITLE	2. LOCATION	3. OFFICER BILLET CODE (OBC)	4. INPUT <input type="checkbox"/> COMMAND <input type="checkbox"/> PROGRAM
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5. Is the incumbent responsible for direct supervision of other personnel? (If "YES", indicate number by category and grade, rate, GS level.)

YES                       NO

OFFICERS \_\_\_\_\_ WARRANTS \_\_\_\_\_

ENLISTED \_\_\_\_\_ CIVILIANS \_\_\_\_\_

6. Is the incumbent an operating guide manager? (If "YES", indicate approximate amount responsible for annually.)

\$ \_\_\_\_\_  YES                       NO

7. List unique responsibilities/characteristics of this billet which may not be associated with other such billets in the Coast Guard (e.g., job responsibilities vested in the individual vice the billet, senior Coast Guard officer in the area, EEO Program committee membership, representative to interservice, governmental or commercial organizations, etc.).

**8. TRAINING AND EDUCATION**

8a. REQUIRED	8b. DESIRED
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**9. PRIOR EXPERIENCE**

9a. REQUIRED	9b. DESIRED
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10. REMARKS. Indicate any special short- or long-term considerations for filling this billet.  
(Continue on reverse/additional sheet if necessary).

11. DATE	12. APPROVED (SIGNATURE, NAME, TITLE)	SUBMIT THIS FORM TO: CGPC-OPM-2
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