

# TECHNICIAN/MILITARY ASSIGNMENT DATA FORM

INDIVIDUAL'S NAME:

SSN (Last Four Only):

## SECTION A

### TECHNICIAN INFORMATION

UNIT/ACTIVITY OF EMPLOYMENT:

TECHNICIAN POSITION TITLE:

TECHNICIAN POSITION DESCRIPTION NUMBER:

TECHNICIAN GRADE:

AUTHORIZED TECHNICIAN GRADE:

EFFECTIVE DATE OF THIS TECHNICIAN ASSIGNMENT:

d-mmm-yyyy

**TECHNICIAN SUPERVISOR'S SIGNATURE AND DATE:**

## SECTION B

### MILITARY INFORMATION

MILITARY UNIT OF ASSIGNMENT:

MILITARY GRADE:

ARMY

UIC:

AIR

PAS:

FAC:

POSITION NUMBER:

DUTY MOS/SSI/AFSC:

TITLE:

EFFECTIVE DATE OF MILITARY ASSIGNMENT:

d-mmm-yyyy

\* SOURCE DOCUMENT:

TYPE OF LATEST SECURITY INVESTIGATION:

DATE SECURITY INVESTIGATION COMPLETED:

d-mmm-yyyy

**MILITARY COMMANDER'S SIGNATURE AND DATE:**

(or designated official, i.e., SSS, CBPO, etc.)

## INSTRUCTIONS

**TECHNICIAN SUPERVISOR:** Fill in NAME, SSN and ALL blocks in Section A of this form. Forward to Commander of technician's Military Unit of Assignment for completion of Section B and return to you for your review. Forward completed form with selection package or SF-52, Request for Personnel Action.

**MILITARY COMMANDER:** Complete ALL blocks in Section B and return promptly to the technician supervisor.

\*If the individual was assigned by orders, cite the order number, issuing headquarters and date.

**PERSONNEL ACTIONS WILL BE PROCESSED ONLY AFTER TECHNICIAN AND MILITARY COMPATIBILITY REQUIREMENTS ARE IN ACCORDANCE WITH LAW AND REGULATIONS OF THE NATIONAL GUARD BUREAU.**