| MANPOWER AUTHORIZATION CHANGE REQUEST | | | | | | | | | | | | | | | |
|---------------------------------------|------|-----|------------|------|-------------------------------|-----|--------------------------------|------------------------------|-----|-------------|----------|----------|------|------|--|
| TO 45 SW/MO | FROM | | | | POC (Name, Grade, Duty Phone) | | | | | | | | DATE | | |
| SOURCE | osc | FAC | POSITION # | AFSC | GRADE | PEC | SAR | DUTY | MNT | | | | | | |
| CURRENT UMD | | | | | | | | | | | | | | | |
| PROPOSED CHANGE | | | | | | | | | | | | | | | |
| CURRENT UMD | | | | | | | | | | | | | | | |
| PROPOSED CHANGE | | | | | | | | | | | | | | | |
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| PROPOSED CHANGE | | | | | | | | | | | | | | | |
| JUSTIFICATION | | | | | | | | | | | | | | | |
| | | | | | | | COORDINATION OFF SYM NAME/GRAD | | | AME (OD A D | | - 1 | DATE | | |
| | | | | | | | | CC | n | N. | AME/GRAD | <u> </u> | | DATE | |
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| FOR MANPOWER OFFICE USE ONLY | | | | | | | | | | | | | | | |
| MANPOWER ANALYST'S NAME CCN | | | | | | | | DATE TRANSMITTED TO HQ AFSPC | | | | | | | |