

SUBSPECIALTY BILLET REQUEST

1. Activity Title: _____

2. Activity 10-digit Code: _____

3. Work Center: _____

4. Work Center Mission Statement: _____

5. Work Center Functions: _____

a. _____

b. _____

c. _____

6. Work Center Billet Structure: _____

Billet Title/Code/BSC/DESIG/Grade Subspecialty Code

a. _____

b. _____

c. _____

7. Specific Justification for Subspecialty Code Requested
(required for all subspecialty codes)

8. Billet Priorities: _____

9. Compensation (If required, e.g., new Graduate Education requirements)

ATTN: CNO (_____)