



# Army Acquisition Workforce Member (AAW) Position Requirement Waiver Process

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U.S. Army Acquisition Support Center (USAASC)  
U.S. Army DACM Office

# Position Requirement Extension Waiver



1. Army Acquisition Workforce members have a 24-month grace period to achieve their position's certification requirements.
2. Waivers for failing to meet position certification requirements will not be processed prior to 90 days of expiration of the grace period by policy or other designated grace period date.
  - a. The DD Form 2905 may be submitted for individuals who have not met the required training, education, and experience for certification on their current position.
  - b. Forward Position Requirement Waiver requests to the Workforce Development and Engagement (WD&E) Division via a Help Request through CAMP (link provided below) for processing.
  - c. Required Documentation:
    - (1) DD Form 2905 (see an example on the next slide)
    - (2) Acquisition Career Record Brief (ACRB)



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## c. Required Documentation (continued):

- (3) Position Description
- (4) DAU Transcripts
- (5) AAW Member's Get-Well Plan (confirmed [ATTRS/AITAS](#) Resident and Defense Acquisition University's [Cornerstone](#) online course delivery enrollment)
- (6) AAW Member's Individual Development Plan (IDP)
- (7) AAW Member's Resume
- (8) Military Orders (Dual Status Civilian/Military, if applicable) and
- (9) Medical Support Document(s), as applicable.

Incomplete documentation supporting a waiver package impedes timely processing. A Reviewing Official will work with the originating POC to complete a waiver package; however, request all documentation be provided at the time of submission.

3. Once an approval/disapproval decision is obtained, the DD Form 2905 will be emailed to the originating POC for AAW member notification.



\* ATTRS/AITAS: Army Training Requirements and Resources System/ATTRS Internet Training Application System

# Position Requirement Extension Waiver – DD Form 2905 Example



ACQUISITION, TECHNOLOGY, AND LOGISTICS (AT&L) WORKFORCE POSITION REQUIREMENTS OR TENURE WAIVER <i>(Refer to the DoD Desk Guide and DoD Component procedures when preparing this form.)</i>				
<b>PART I - ROUTING/COORDINATION</b>				
1. a. FROM (Component/Organization/Office Symbol and Address)		b. COORDINATION VIA (Name, Title, Organization, Telephone)	c. COORDINATION VIA (Name, Title, Organization, Telephone)	
2. TO (Waiver Approval Authority) (Organization/Office Symbol and Address)				
<b>PART II - POSITION DATA</b>				
3. POSITION NUMBER		4. POSITION TITLE		5. REQUIRED GRADE/RANK
6. UIC	7. OCC SERIES/SPECIALTY	8. AT&L POSITION CATEGORY		9. REQUIRED CERTIFICATION LEVEL
10. POSITION TYPE		11. SPECIAL ACQUISITION ASSIGNMENT	12. PROGRAM TYPE	
<b>PART III - IDENTIFICATION AND PERSONAL DATA</b>				
13. a. LAST NAME		b. FIRST NAME	c. MI	14. RANK/GRADE
				15. SSN
<b>PART IV - WAIVER TYPE/INFORMATION</b> <i>(Complete either Item 16 OR Item 17)</i>				
16. POSITION REQUIREMENTS WAIVER <i>(Enter "X", when applicable, and complete a., b., and c.; explain in Item 18.)</i>				
a. POSITION REQUIREMENT(S) TO BE WAIVED <i>(Select a different requirement in each block and explain in Item 18.)</i>				
(1)		(2)	(3)	
b. DUE TO ABSENCE OF REQUIRED: <i>(Select all applicable and explain in Item 18.)</i>				
(1) EDUCATION		(2) TRAINING		
(3) EXPERIENCE				
c. WAIVER DURATION: DURATION OF ASSIGNMENT TARGET DATE FOR MEETING REQUIREMENT(S) <i>(DD-MMM-YYYY)</i>				
17. TENURE WAIVER <i>(Enter "X", when applicable, and specify current and requested release dates; explain in Item 18.)</i>				
a. CURRENT TENURE EXPIRATION DATE <i>(DD-MMM-YYYY)</i>		b. REQUESTED RELEASE DATE FROM TENURE <i>(DD-MMM-YYYY)</i>		
18. REASON/EXPLANATION <i>(Explain the exceptional circumstances justifying the waiver. For Position Requirements Waiver, also address the individual's ability to perform in the position while working to achieve the standards.) (Continue on back if necessary.)</i>				
19. REQUESTING MANAGEMENT OFFICIAL				
a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER		b. REQUESTING MANAGEMENT OFFICIAL SIGNATURE		
		c. DATE <i>(DD-MMM-YYYY)</i>		
20. REQUESTING OFFICIAL WAIVER POINT OF CONTACT <i>(Name, title, organization, and telephone number)</i>				
<b>PART V - DISPOSITION</b>				
21. APPROVING OFFICIAL				
a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER				
CRAIG A. SPISAK, NH-04, Director, Acquisition Career Management (DACM), USAASC, 703.664.5600				
b. APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. APPROVING OFFICIAL SIGNATURE		d. DATE <i>(DD-MMM-YYYY)</i>
22. APPROVING OFFICIAL COMMENTS <i>(If required) (Continue on back if necessary.)</i>				

DD Form 2905 (prepared by submitting organization).

Complete the form with special interest on the following:

- Block 16. Check Position Waiver.
- A. Position Requirements to be Waived: "(1) Certification".
- B. Identify what is lacking in Education, Training or Experience for certification.
- C. Provide a target date to meet requirement (not to exceed 24 months).
- Block 18 – Describe in detail why the organization is requesting an position requirement extension on the individual. Indicate the number of months requested to meet position requirement. And who will monitor them to ensure standards are met in the requested time frame. Continue on next page if necessary.
- Block 19 – contains signature of most senior leader of the requesting organization
- Block 21 CRAIG A. SPISAK, NH-04, Director, Acquisition Career Management (DACM), USAASC, 703.664.5600



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**DACOM**

DIRECTOR, ACQUISITION CAREER MANAGEMENT OFFICE

