



# Phase 1 – CAP Tentative Select Waiver Process



1. For organizations tentatively selecting individuals to occupy a CAP, the tentative selectee must meet the four years of acquisition affiliated work experience.

a. If the individual does not meet the required amount of experience, the Civilian Personnel Advisory Center (CPAC) or Selecting Organization's originating POC must submit a tentative selectee CAP request package via a [Help Request](#) through CAMP to the DACM Office.

b. Required documents for a Tentative Selectee CAP Waiver Request Package:

1. Tentative Selection Letter
2. Tentative Selectee Resume
3. Position Description (PD) and
4. USAJobs Announcement (If a job announcement was not published, then the originating POC must provide the command directive authority for the action (direct hire authority, management-directed reassignment etc.)



# Phase 1 – CAP Tentative Selectee Waiver



- **Process- Continued**
- 2. The Army DACM office will review the package. If the tentative selectee:
  - a. Meets the experience criteria for the CAP position, the DACM Office will provide an email message, stating the tentative selectee meets the CAP requirements and the CPAC or Originating POC may proceed with the hiring selection process. This determination from the DACM Office ends the need for any further waiver process actions.
  - b. Does not meet the experience criteria, the DACM Office will generate a denial memorandum and forward it to the CPAC or Originating POC for management's option of whether to pursue Phase 2 of the CAP tentative selectee waiver process.
- 3. The tentative selectee must meet the CAP requirements or be granted a waiver by the DACM prior to placement into the CAP.

## Required Documents

1. Required documents for a CAP Waiver Package:
  - a. DD Form 2905 (Acquisition, Logistics, and Technology Workforce Position Requirements or Tenure Waiver). See the Army DACM Office's Policy Library <https://asc.army.mil/web/dd2905/> for a blank copy of this form. The next slide provides a sample of this form and instructions on how to complete it)
  - b. CAP Denial Letter
  - c. Tentative Selection Letter
  - d. Tentative Selectee Resume
  - e. Position Description
  - f. Job Announcement
  - g. Acquisition Career Record Brief (ACRB), if applicable
  
2. The DACM Office will review the package. If incomplete, the DACM Office will work with the CPAC or originating POC to complete the package. Once the DACM's decision is made, the DACM Office will scan and email the DD Form 2905 to the originating POC.

**Incomplete documentation supporting a waiver package impedes timely processing. Request all documentation be provided at the time of submission.**

## DD Form 2905 Example

Prepared by selecting organization: complete the form with special attention to the following blocks:

- Block 16. Check Position Waiver.
  - a. Select N/A for blocks 1 thru 3
  - b. Select Experience for CAP Waiver (obtain from denial memorandum)
  - c. Provide a target date to meet requirement (not to exceed 24 months)
- Block 18 - Describe why the individual selected is crucial for the particular job
- Block 19 – contains signature of most senior leader of the requesting organization
- Block 21 – RONALD R. RICHARDSON JR., NH-04, Director, Acquisition Career Management (DACM), USAASC, 703.664.5600

| DEFENSE ACQUISITION WORKFORCE<br>POSITION REQUIREMENTS OR TENURE WAIVER   |                          |  |  |  |
|---|--------------------------|--|--|--|
| <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. DEFENSE AWF POSITION CATEGORY                           | 9. REQUIRED CERTIFICATION TIERS                      |  |
| 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. DOD ID NO.  |                          |  |  |  |
| <b>PART IV - WAIVER TYPE/INFORMATION (Complete either Item 16 OR Item 17)</b>   |                          |  |  |  |
| <input type="checkbox"/> 16. POSITION REQUIREMENTS WAIVER (Enter "X", when applicable, and complete a., b., and c.; explain in Item 18.)  |                          |  |  |  |
| a. POSITION REQUIREMENT(S) TO BE WAIVED (Select a different requirement in each block and explain in Item 18.)  |                          |  |  |  |
| (1)   |                          | (2)  |  | (3)  |
| b. DUE TO ABSENCE OF REQUIRED: (Select all applicable and explain in Item 18.)  |                          |  |  |  |
| (1) EDUCATION   |                          |  | (2) TRAINING   |  |
| (3) EXPERIENCE  |                          |  |  |  |
| c. WAIVER DURATION: <input type="checkbox"/> DURATION OF ASSIGNMENT <input type="checkbox"/> TARGET DATE FOR MEETING REQUIREMENT(S) (DD-MMM-YYYY):  |                          |  |  |  |
| <input type="checkbox"/> 17. TENURE WAIVER (Enter "X", when applicable, and specify current and requested release dates; explain in Item 18.)   |                          |  |  |  |
| a. CURRENT TENURE EXPIRATION DATE (DD-MMM-YYYY):  |                          |  | b. REQUESTED RELEASE DATE FROM TENURE (DD-MMM-YYYY): |  |
| 18. REASON/EXPLANATION (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.) |                          |  |  |  |
| 19. REQUESTING MANAGEMENT OFFICIAL  |                          |  |  |  |
| a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER  |                          |  | b. REQUESTING MANAGEMENT OFFICIAL SIGNATURE          |  |
|   |                          |  |  |  |
|   |                          |  | c. DATE (DD-MMM-YYYY):                               |  |
| 20. REQUESTING OFFICIAL WAIVER POINT OF CONTACT (Name, title, organization, and telephone number)   |                          |  |  |  |
|   |                          |  |  |  |
| <b>PART V - DISPOSITION</b>   |                          |  |  |  |
| 21. APPROVING OFFICIAL  |                          |  |  |  |
| a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER  |                          |  |  |  |
|   |                          |  |  |  |
| b. APPROVED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                          | c. APPROVING OFFICIAL SIGNATURE                            |  | d. DATE (DD-MMM-YYYY)                                      |
|   |                          |  |  |  |
| 22. APPROVING OFFICIAL COMMENTS (If required) (Continue on back if necessary.)  |                          |  |  |  |
|   |                          |  |  |  |

DD FORM 2905, NOV 2023

REPLACES DD FORMS 2588, 2591, 2592, 2593, 2595, 2597, 2599, AND 2601, WHICH ARE OBSOLETE.