



# Position Requirement Extension Waivers



1. Individuals who have exceeded the allotted grace period to achieve their position's certification requirement must obtain a Position Requirement Waiver to remain in the designated acquisition position. Waivers for failing to meet position certification requirements will not be processed prior to 90 days of expiration of the designated grace period by policy.

a) DD Form 2905 may be submitted for individuals who have not met the required training, education, and experience for certification on their current position. Forward Position Requirement Waiver requests to the WDE Office via a Help Ticket Request through CAMP (link provided below).

b) The WDE office will review the package. If package is incomplete, the Reviewing Official will work with the originating POC to complete the package.



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c) A complete Position Extension Waiver package must contain the following documents:

- 1) DD Form 2905 (prepared by submitting organization). Complete the form with special interest on the following:
  - a) Block 16. Check Position Waiver. Block “16a, fill out “(1) Certification”. Block 16b, identify whether Education, Training or Experience is lacking. Provide a target date in field 16c (not to exceed 24 months).
  - b) Block 18 - Describe in detail why the organization is requesting a 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.
  - c) Block 19 – contains signature of most senior leader of the requesting organization.
  - d) Block 21 – RONALD A. RICHARDSON, NH-04, Director, Acquisition Career Management (DACM), USAASC, 703.664.5600



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- 2) Position Description
- 3) DAU Transcripts, ATTRS screenshot indicating preregistered classes , and IDP
- 4) Individual's Resume
- 5) Military Orders (Dual Status Civilian Workforce employees) (if applicable)
- 6) Medical (if applicable)

2. Once approval/disapproval is determined by the DACM, the Reviewing Official will scan the DD Form 2905 and email the originating POC the complete package.



U.S. ARMY

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UNITED STATES ARMY  
**DACM**  
DIRECTOR, ACQUISITION CAREER MANAGEMENT OFFICE

DEFENSE ACQUISITION WORKFORCE POSITION REQUIREMENTS OR TENURE WAIVER				
<b>PART I - ROUTING/COORDINATION</b>				
1. a. FROM (Component/Organization/Office Symbol and Address)	b. COORDINATION N/A (Name, Title, Organization, Telephone)	c. COORDINATION N/A (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 REQUIREMENTS (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? <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.

1) 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 a 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 – RONALD A. RICHARDSON, NH-04, Director, Acquisition Career Management (DACM), USAASC, 703.664.5600

**USAASC**  
United States Army Acquisition Support Center