

Army Acquisition Workforce Member (AAW) Position Requirement Waiver Process

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

Position Requirement Extension Waiver

1. Army Acquisition Workforce members have a 3-year, 4-year, or 5-year grace period to achieve their position's certification requirement.
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 or experience for certification on their current position.
 - b. Submit Position Requirement Waiver requests to the Workforce Development and Engagement (WD&E) Division via a Help Request through CAMP (link provided below) for processing.

Position Requirement Extension Waiver (cont'd)

c. Required Documentation:

- 1) DD Form 2905 (see an example on the next slide)
- 2) Acquisition Career Record Brief (ACRB)
 - 1) Position Description
 - 2) DAU Transcripts
- 3) AAW Members Get-Well Plan (confirmed [ATTRS/AITAS](#) Resident and Defense Acquisition University's [Cornerstone](#) online course delivery enrollment)
- 4) AAW Member's Individual Development Plan (IDP)
- 5) AAW Member's Resume
- 6) Military Orders (Dual Status Civilian/Military, if applicable)
- 7) 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, we request all documentation be provided at the time of submission.

3. Once an approval/disapproval decision is obtained, the DD Form 2905 will be sent via the original WMI Help Request Ticket for AAW member notification.

Position Requirement Extension Waiver – DD Form 2905 Example

DEFENSE ACQUISITION WORKFORCE POSITION REQUIREMENTS OR TENURE WAIVER				
PART I - ROUTING/COORDINATION				
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)				
PART II - POSITION DATA				
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
PART III - IDENTIFICATION AND PERSONAL DATA				
13. a. LAST NAME		b. FIRST NAME	c. MI	14. RANK/GRADE
15. DOD ID NO.				
PART IV - WAIVER TYPE/INFORMATION (Complete either Item 16 OR Item 17)				
<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)				
PART V - DISPOSITION				
21. APPROVING OFFICIAL				
a. NAME, RANK/GRADE, TITLE, ORGANIZATION, AND TELEPHONE NUMBER				
Ronald R. Richardson Jr, 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 (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.

DD Form 2905 (prepared by submitting organization).

Complete the form with special interest on the following:

- Block 16. Check Position Waiver.
- Part A. Position Requirements to be Waived: "(1) Certification".
- Part B. Identify what is lacking: Training or Experience for certification.
- Part 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. Include the course(s) required for certification and the confirmed reservation date(s), and who will monitor them to ensure standards are met in the requested timeframe. (Continue explanation on the next page if necessary).
- 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.