ACTION MEMO

OFFICE {insert office code}
Prepared by: {insert Point of Contact, Office}
Phone Number: {insert POC telephone number}

FOR: PRESIDENT, DEFENSE SECURITY COOPERATION UNIVERSITY, DEFENSE SECURITY COOPERATION AGENCY

SUBJECT: {insert DoD Component[1]} Security Cooperation Workforce (SCW) Certification Program Proficiency Level Waiver Request for SCW position {insert SCW Billet-level OUID/Unique Position Identifier}

COORDINATION:

Supervisor endorsement:
{insert Name; Billet-level OUID/Position Identifier; E-mail Address; Telephone number}
{apply digital Signature and date}

DoD Component SCWDP GO/FO SES Designee endorsement:
{insert Name; Billet-level OUID/Position Identifier; E-mail Address; Telephone number}
{apply digital Signature and date}

BLUF: Component justification for proficiency level waiver for SCW position {insert SCW Billet-level OUID/Position Identifier} from {enter Certification 2.0 prescribed positional coding} to {enter proposed positional coding}

JUSTIFICATION: Complete Action Memo TAB A (Positional Factors). Provide a short narrative justifying why this SCW position does not require the prescribed certification proficiency level. (e.g. Why should this waiver be approved?)

List additional factors or considerations supporting this SCW proficiency level waiver request within this here.

- {Insert Addition detail as needed not to exceed five lines of text}
- {detail line 2...}
- {detail line 3...}
- {detail line 4...}
- {detail line 5...}

PROGRAM MANAGER RECOMMENDATION:

Approve / Disapprove / Other: {Printed name, digital signature & date}

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[1] The term "DoD Component" includes the Offices of the Under Secretaries of Defense, military departments, Joint Staff, unified combatant commands, Defense Agencies and Field Activities.

PRESIDENT, DSCU DECISION:

Approve / Disapprove / Other: {*Printed name, digital signature & date*}

Attachment(s):

TAB A - Proficiency-Level Waiver Positional Factors: SCWDP Certification 2.0

TAB B - System of Record Extract: Listing the properly coded position in question, if coding has been completed. This submission is mandatory for all requests processed after April 1st, 2024.

TAB C (if applicable): Military Requisition. Completed and approved military requisition for the position. This could be a SD Form 37 or another form used by the component.

TAB D (if applicable): Position Description. Completed and approved (graded and classified) position description for the position.

TABs E through X {*provided as necessary*}