PERSON-IN-JOB-EVALUATION

National Aeronautics and Space Administration
Marshall Space Flight Center

PART I: EMPLOYEE INFORMATION

Name:		Organization Code:	
CURRENT POSITION		PROPOSED POSITION	
Title		Title (Official title to be determined by Human Resources Office):	
Position No.:	Comp. Level:	Position Number:	Comp. Level:
		(Note: Position will be abolished when vacated by incumbent)	
Series/Grade/NCC:		Series/Grade/NCC:	
Organization:		Organization:	

PART II: JUSTIFICATION
(Continue on page 2 if more space is needed.)

EDUCATION: (School Name)	DEGREE/CERTIFICATE	DATE AWARDED
	BS:	
	MS:	
	Ph. D.:	
	Other:	

Brief Narrative (Provide unique capabilities, experience or knowledge employee brings to proposed position):

☐ Please check here if you have information continued on Page 2:

PART III: CONCURRENCE

Requesting Official (Organization/Title/Signature/Date):	Directorate/Office (Signature/Date):
Division Chief (Signature/Date):	Human Resources Director (Signature/Date):
Laboratory Director (Signature/Date):	Customer and Employee Relations Director (Signature/Date):

PART IV: APPROVAL/DISAPPROVAL

☐ APPROVED ☐ DISAPPROVED	Signature/Date:
	Director, Marshall Space Flight Center

PART II: JUSTIFICATION (Continued)	
Name:	Organization Code:
Brief Narrative (Provide unique capabilities, experience or knowledge employee brings to proposed position):	

PDF