Prescribed by: AI2

REQUEST FOR APPOINTMENT OR RENEWAL OF APPOINTMENT OF EXPERT OR CONSULTANT	☐ APPOINTMENT ☐ RENEWAL	**REQUEST DATE** *(YYYYMMDD)*

PART I - REQUESTING AUTHORITY

1. NAME OF PROPOSED APPOINTEE *(Last, First, Middle Initial)*	**2. OFFICE, COMMITTEE OR SUBCOMMITTEE TO WHICH APPOINTED**	
3. WORK SCHEDULE AND ESTIMATED NUMBER OF DAYS TO BE WORKED DURING APPOINTMENT YEAR	**4. PROPOSED COMPENSATION** *(per hour or per day)* **OR INDICATE IF WITHOUT COMPENSATION (WOC)**	**5. PROPOSED EOD DATE** *(YYYYMMDD)*

6. COMPLETE FOR RENEWAL APPOINTMENT OF EXPERT OR CONSULTANT

a. NUMBER DAYS WORKED IN PRIOR APPOINTMENT YEAR	b. WORK SCHEDULE AND NUMBER OF DAYS TO BE WORKED	c. PROPOSED RATE OF PAY

7. OFFICIAL DUTY STATION

8. POSITION SENSITIVITY *(X one)*

☐ SPECIAL SENSITIVE ☐ CRITICAL SENSITIVE ☐ NONCRITICAL SENSITIVE ☐ NONSENSITIVE

9. DUTIES OF EXPERT OR CONSULTANT *(Describe the duties in sufficient detail to (1) Permit a positive determination that the position actually requires an expert or consultant; (2) Determine whether or not a possible conflict of interest might exist; and (3) Explain the need for the appointment to the Secretary of Defense. If individual is to be a member of an advisory group established by law or by DoD Directive or Instruction, cite name of advisory group, law, or defense issuance in lieu of the list of duties or services.)*

Reset

10. DESCRIBE NOMINEE'S BACKGROUND AND EXPERIENCE AS IT RELATES TO THE REQUIREMENTS OF THIS APPOINTMENT
(Attach completed Resume.)

11. IN ACCORDANCE WITH 5 CFR 304, I HAVE SATISFIED MYSELF THAT:

a. The position is necessary;
b. This is an expert/consultant position;
c. The proposed appointee meets the definition of "expert/consultant" and does, in fact, possess the kind and level of expertise to render the services the agency seeks;
d. The work is temporary in nature; that is, will not exceed one year; requires services only irregularly (with no regular tour of duty) or occasionally; is of a purely advisory nature, and does not include the performance of supervision of operating functions;
e. This authority is the most appropriate appointment authority for meeting the agency's needs;
f. The daily rate intended to be paid the proposed appointee is commensurate with the level of work to be performed and the individual's qualifications for the work;
g. This appointment complies with DoD Directive 5500.7; and presents no conflict of interest; and
h. Required documentation is in order and a favorable security/suitability determination has been rendered.

i. SIGNATURE OF AUTHORIZING OFFICIAL	j. TITLE OF AUTHORIZING OFFICIAL

PART II - COORDINATION

12. SECURITY AUTHORITY a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*
13. BUDGET AND FINANCE AUTHORITY *(If required by submitting activity)* a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*
14. STANDARDS OF CONDUCT AUTHORITY a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*
15. HUMAN RESOURCES AUTHORITY a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*
16. WHITE HOUSE LIAISON OFFICE AUTHORITY a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

PART III - APPROVAL AUTHORITY FOR APPOINTMENTS IN DEPARTMENTAL SERVICE

In approving the filling of this position without regard to the laws and regulations governing appointments in the competitive civil service, and in approving the rate of pay set for this position without regard to the classification and pay laws, I have considered the requirements of law (5 U.S.C. 3109) relevant Comptroller General decisions and 5 CFR Chapter 304.

17. DIRECTOR, ADMINISTRATION AND MANAGEMENT OR DESIGNEE a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

Reset

INSTRUCTIONS FOR COMPLETING DD2292

Appointment and Renewal blocks: X appropriate box.

Request Date: Date that form is filled out.

Block 1: Name of Proposed Appointee. Use legal names to include middle initial and suffix, as appropriate.

Block 2: Office, Committee or Subcommittee to Which Appointed. The specific name of the organization (e.g., OUSD(P)) or the committee or subcommittee the nominee is being considered for must be listed here. If the space is insufficient to list the name, use the acronym and then use Block 7 to spell out completely (e.g., SERDP (block 7 should spell out Strategic Environmental Research and Development Program)).

Block 3: Work Schedule and Estimated Number of Days to be Worked During Appointment. Work schedule may be full-time, part-time or intermittent. If intermittent, number of days cannot exceed 130 that the Expert/Consultant will work during the service year. Must be completed for a NEW appointment.

Block 4: Proposed Compensation. The amount that the Expert/Consultant will be paid. Indicate per hour or per day; if there is NO compensation enter WOC. Must be completed for a NEW appointment.

Block 5: Proposed EOD (Enter on Duty) Date. Date requesting Expert/Consultant to start work.

Block 6.a: Number Days Worked in Prior Appointment Year. Attach DD Form 2525, "Certification of Hours Worked in Service Year for Expert/Consultant". Must be completed if this is a RENEWAL of appointment.

Block 6.b: Work Schedule and Number of Days to be Worked. If intermittent, number of days cannot exceed 130 that the Expert/Consultant will work during the service year. Must be completed if this is a RENEWAL of appointment.

Block 6.c: Proposed Rate of Pay. The amount that the Expert/Consultant will be paid. Indicate per hour or per day; if there is NO compensation enter WOC. Must be completed for a RENEWAL of appointment.

Block 7: Official Duty Station. Enter the name and address of the facility where the Expert/Consultant will be working.

Block 8: Position Sensitivity. X the appropriate box.

Block 9: Duties of Experts and Consultants. Self-explanatory. For FACA subcommittee member appointments/renewals, please cite the parent committee (e.g., Defense Policy Board). If the advisory committee is non-discretionary, cite the statute that authorizes the committee. If the advisory committee is discretionary, cite the date the committee's charter was filed.

Block 10: Describe Nominee's Background and Experience as it Relates to the Requirements of this Appointment. Explain why the Expert/Consultant fits requesting position. Attach a copy of the person's recent resume.

Block 11.i: Signature of Authorizing Official. Must be signed by USD or designee.

Block 11.j: Title of Authorizing Official. Title of person signing.