DEPARTMENT OF DEFENSE CRITICAL ACQUISITION POSITION - ROTATION REVIEW SUMMARY

COMPONENT/ORGANIZATION

1. TO *(Acquisition Career Program Board (ACPB))*	**2. VIA** *(Reviewing Official)*	**3. FROM** *(Organization and Address)*

POSITION DATA

4. POSITION NUMBER	**5. JOB TITLE**	**6. GRADE/RANK**

7. ORGANIZATION/LOCATION	**8. MILITARY RESERVED POSITION** *(X one)*
	☐ **YES** ☐ **NO**

INCUMBENT IDENTIFICATION AND PERSONAL DATA

9. NAME *(Last, First, Middle Initial)*	**10. GRADE/RANK**	**11. SSN**

12. ACQUISITION CAREER FIELD	**13. DATE OF ASSIGNMENT TO CURRENT POSITION** *(YYYYMM)*	**14. DATE OF REVIEW** *(YYYYMM)*

15. DISPOSITION. A review has been conducted to determine whether it is in the best interest of the Government and the incumbent to reassign the individual from the acquisition position under review. After reviewing all relevant factors, it has been determined that: *(X one)*

☐ **THE INCUMBENT SHOULD REMAIN IN THE PRESENT POSITION**

☐ **THE INCUMBENT SHOULD BE REASSIGNED TO ANOTHER POSITION** *(Complete Item 17)*

16. DATE OF NEXT REVIEW *(YYYYMM)*	**17. PLANNED NEW POSITION**		
	a. JOB TITLE	**b. GRADE/RANK**	**c. ORGANIZATION**

18. REQUESTING OFFICIAL

a. TYPED NAME	**b. GRADE/RANK**	**c. ORGANIZATION**

d. SIGNATURE	**e. DATE** *(YYYYMMDD)*

19. ACQUISITION CAREER PROGRAM BOARD ACTION *(X one)*

		a. NAME	**b. DATE** *(YYYYMMDD)*
☐ **APPROVED**	☐ **DISAPPROVED**		