

Qualifications Supplement Request for Change Form

Requestor: <i>(check applicable boxes)</i> <input type="checkbox"/> BIA <input type="checkbox"/> BLM <input type="checkbox"/> FS <input type="checkbox"/> FWS <input type="checkbox"/> NPS <input type="checkbox"/> Other	Contact Information: Name: Agency: Home Unit: Contact #: Email: Date Submitted:
Describe the Proposed Position Change or Addition* (Provide a concise description): 	
Description of the Issue/Reason for Change or Addition* (Concise overview and background): 	
Systems Affected by Change* (i.e., ICS function, operations, information technology, equipment): 	
For Agency Use Only	
Tracking #: PNB Consulted <input type="checkbox"/> IQCS Consulted <input type="checkbox"/> Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Pending	
Date: Name:	
Rationale:	
Action: <input type="checkbox"/> Decision Memo Sent Date:	

***Attach any supporting documentation that may help to further explain the requested change.**