

**US NAVY
OCCUPATION PLANNING DOCUMENT**

Submission Date:

OCCUPATION POINT(S) OF CONTACT:

Full Name (Prefix, Full Name & Suffix):

Title:

Location:

Phone:

Email:

OCCUPATION STATUS

Occupation Designator:

Occupation Title:

ACE ID:

Place an X the box as it applies to this occupation.

This occupation was previously evaluated; it has undergone revisions in the job duties, scope, and/or responsibilities.

This occupation has been previously evaluated; it has expired or is approaching expiration.

This is a new occupation.

This is an existing occupation never evaluated by ACE.

THE APPLICABLE DOCUMENTS SUBMITTED TO ACE

	NOTES
Implementation Date of changes, memo, critical task list	
Published Occupation description.	
Occupation Progression chart	
Service authorized and on hand populations by pay grade	