

## US MARINE CORPS 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	