

<b>MILITARY MANPOWER CHANGE REQUEST (MMCR)</b>						ACTIVE DUTY					
						RESERVE					
1. <b>TO:</b> ATTN: J-16 DEFENSE LOGISTICS AGENCY 8725 John J. Kingman Road, Room 3516 Ft. Belvoir, VA 22060-6221				2. <b>FROM:</b>							
3. CURRENT POSITION: <i>(On MOPS as of: _____)</i>				4. REQUESTED POSITION							
5. JUSTIFICATION											
PLFA/ CORPORATE BUSINESS AREA POINT OF CONTACT <i>(Name and telephone number)</i>											
6. APPROVED ACQUISITION POSITION?		Yes		No		7. APPROVED JOINT DUTY POSITION?		Yes		No	
a. Acquisition Position Number				a. Approved Joint Duty Number							
b. Category				b. Approved Critical Joint Duty				Yes		No	
c. Type				d. Level							
8. REQUESTOR <i>(Name, Title, Signature, and Date)</i>						9. PLFA COMMANDER/CORPORATE BUSINESS HEAD <i>(Name, Title, Signature, and Date)</i>					
10. <b>TO:</b>						11. <b>FROM:</b> ATTN: CAHM DEFENSE LOGISTICS AGENCY 8725 John J. Kingman Road, Room 3516 Ft. Belvoir, VA 22060-6221					
12. ACTION TAKEN <i>(To be completed by the Office of Military Personnel)</i>											
<input type="checkbox"/> a. Requested change is approved as indicated below. MOPS will be updated. A copy of the validated PD is attached.										Effective Date:	
<input type="checkbox"/> b. Requested change cannot be approved at this time for the following reasons:											
c. Service approval pending		Yes		No		d. Joint duty approval pending		Yes		No	
e. Approved Acquisition Position		Yes		No		(1) Acquisition Position Number					
(2) Category						(3) Type			(4) Level		
<b>Questions may be directed to CAHM, DSN: 427-5399/65</b>											
13. APPROVING OFFICIAL: <i>(Typed Name, Grade, Signature)</i>								14. DATE			
								15. MMCR CTRL #			
CAHM COORDINATION: MANPOWER _____ ASSIGNMENTS _____ CA _____											
BUSINESS AREA COORDINATION: DCMC _____ DCMC-OI _____ DLSC _____											

CONTINUATION AREA. (Reference block number of continued item(s).)

## INSTRUCTIONS

At the top of the form, enter an "X" to indicate whether the request is for active duty or reserve.

BLOCK 1. Pre-entered.

BLOCK 2. Enter the complete address, including ZIP CODE, where the position is located. On the last line, include the Corporate Business Area or PLFA to which the activity belongs.

BLOCK 3. Enter the following information from the most current MOPS available: MOPS as of date, current activity title as reflected at the bottom of the MOPS page, current MOPS position number, grade, service, specialty code, position title, and location. If this request is for a new position for which offsetting compensation is not available, enter "NEW POSITION, NO COMPENSATION."

BLOCK 4. Enter the following information: Requested activity title, grade, service, specialty code, position title, and location. If the request is to delete a position, enter "DELETE POSITION IDENTIFIED IN BLOCK 3."

BLOCK 5. Enter the justification for the requested action. Continue on the back if necessary. If the position is to be considered for "Joint Duty," provide justification. Provide a PLFA/Corporate Business Area point of contact and phone number.

BLOCK 6a-d. Complete only if 6. is "YES."

BLOCK 7a-b. Complete only if 7. is "YES."

BLOCK 8. Complete with the typed name, title, and signature of the requestor and the date signed.

BLOCK 9. Complete with the typed name, title, and signature of the PLFA Commander, Corporate Business Area Head, or Designated Representative and the date signed.

BLOCK 10. Enter the complete return address, including ZIP CODE, of the PLFA HQ or Corporate Business Area office to which the response should be forwarded.

BLOCK 11. Pre-entered.

BLOCKS 12. thru 16. To be completed by the Office of Military Personnel as required during processing.

All MMRs will be coordinated with the appropriate HQ Corporate Business Offices prior to release back to the requesting organization.