



U.S. COAST GUARD AUXILIARY  
DISTRICT ELEVEN REGION  
REQUEST FOR FORCES



MEDICAL POSITION REQUEST

POSITION

Position Name				
Priority	Urgent	< 30 Days	> 30 Days	Open
Start Date				
End Date				
Description				
Duties				
Time Requirement	Days/Wk	Hrs/Day	Specific Days or Times	
Location				Remote?
Uniform	ODU	Trops	AWU	Appropriate Civilian
Aux Doing This Today	Y/N	Member Name(s)		
Distribution	TO: Relevant Unit & Program leaders: DCAPT, DCDR(s), FC(s), DDC, DSO(s) CC: DCO, DCOS, DIRAUX, AUC			
Notes				

ELIGIBILITY

	Circle One		Requirement
Certifications	Y	N	
ALAC/CAC **	Y		
Additional Clearance **	Y	N	
Experience	Y	N	
Physical	Y	N	
Other	Y	N	

\*\* - Complete for Active Duty Augmentation Position only

REQUESTED BY (POC)

Name	
Unit	
Location **	
Dept. **	
eMail	
Phone	

\*\* - Complete for Active Duty Augmentation Position only

STATUS

	New	Search	Screening	Approved	Filled	Complete	Unfilled	On-Hold	Cancelled
Date									