DEPARTMENT OF HOMELAND SECURITY JOINT DUTY PROGRAM ASSIGNMENT OPPORTUNITY FORM



Assignment Type:			
In the column to the right	ht, use the dropdown arrow to		
NOTE : A Virtual Assign	ype you prefer for this position.	from his/her employing o	ffice (physically) or teleworks from
home while on a detail.	1		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Component Name:			
Position Title:			
Assignment Location:			
Job Series Requested:			
GS/Equivalent:			
Assignment Dates:			
Clearance Required:	If yes, what lev	vel of security clearance?	
Joint Duty Assignmen	nt Description:		

Job Qualifications Re	auired:					
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Point of Contact						
Name:						
Email:			Phone:			
Authorization to Announce a Joint Duty Assignment						
Name:						
Title (First Line Supervi	sor or Equivalent):					
Digital Signature:						
Name:						
Title (Second Line Supe	ervisor or Equivalent):					
Digital Signature:						

Please submit completed form, via e-mail, to jointdutyprogramoffice@hq.dhs.gov.

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