ADMINISTRATIVE REMARKS

**NAVPERS 1070/613 (REV. 08-2012)** **PREVIOUS EDITIONS ARE OBSOLETE** **SUPPORTING DIRECTIVE MILPERSMAN 1070-320**

SHIP OR STATION:

SUBJECT:

DESIGNATION AS CYBER IT/CYBERSECURITY WORKFORCE (CYBER IT/CSWF) MEMBER

☐ PERMANENT ☒ TEMPORARY

AUTHORITY *(IF PERMANENT):*

Ref: (a) DoDI 8140.a
(b) SECNAVINST 5239.20a
(c) SECNAV M-5239.2
(d) SECNAVINST 1543.2

1. Pursuant to references (a) through (c), you are designated as a member of the Command Cyber IT/Cybersecurity Workforce (Cyber IT/CSWF).

2. A review of your billet major duties and responsibilities indicate that you have significant Cyber IT/Cybersecurity responsibilities in specialty area (insert specialty area code) and as such are required to comply with Navy Cyber IT/CSWF Program requirements, which include:

a. Earn and maintain appropriate credentials associated with the specialty area and level commensurate with the scope of major assigned duties as described in reference c, appendix (4) for the position to which you are assigned.

c. Ensure you report attainment of Cyber IT/CSWF credentials status to your local Cyber IT/CSWF program manager and that they are logged in the Total Workforce Management Service (TWMS) Cyber IT/CSWF database.

d. Participate in continuous learning program as described in reference (d). (includes requirement to have valid current individual development plan (IDP) signed by both the member and supervisor)

e. Be ultimately responsible for the attainment, upkeep, and maintenance of your Cyber IT/CSWF status, to include Continuous Learning (40 hours/year minimum), qualification maintenance, and awareness of CSWF policies and standards.

3. Should you have any questions, please contact your supervisor or the Cyber IT/CSWF Program Manager.

4. This designation will remain in effect until rescinded in writing by Information Systems Security Manager or you are detached from the command.

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

| VERIFYING OFFICIAL RANK OR GRADE/TITLE: | DATE: | SIGNATURE OF VERIFYING OFFICIAL: |
|---|---|---|

| NAME (LAST, FIRST, MIDDLE): | SOCIAL SECURITY NUMBER: | BRANCH AND CLASS: |
|---|---|---|

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