

**FTNGD (“ADOS”) TAG WAIVER**

*Required for all PERMANENT TECHNICIAN/TITLE 5 applications.*

**Name:**

**Date:**

**ADOS Announcement #:**

*If recommended for selection for the above ADOS position, I request a TAG Waiver be processed on my behalf. I understand that I will not be notified of selection status until HRO has processed the TAG Waiver.*

**Applicant signature:**

**FULL TIME POSITION**

**Status:**

**Title:**

**Directorate/Unit:**

**FULL TIME SUPERVISOR**

**Name:**

**Recommendation:**

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**Signature:**

**TAG OR DESIGNATED REPRESENTATIVE**

**Name:**

**Decision:**

**Signature:**