Request Fo Referral Of Elig	ibles	ture of Issuing Officer (O	PM Use Only)	Certificate No.     DEP/IPAP Clearance 4. Date Issued		
(See Instructions On B	·			YES		
5. Department or Agency Name		AGENCY REQUEST  au or Field Establishment		8. Agency Request Number		
3. Department of Agency Name	7. Buted	au of Field Establishment		o. Agency request number		
6. Department or Agency Organization	n Code			9. Date of Request		
10. Submit Request To:				Submit this request to the examining office which has jurisdiction over the work location named in item 11, unless special prior agreement has been reached with the Office of Personnel Management.		
11. Number of Vacancies, Position Tit	le, Series Code, Grade, (Salai	y, If Ungraded) Name of	Duty Location	12. Type of Appointment		
				Career or Career-Conditional Temporary NTE: (Provide justification in Remarks) Term (Provide authority in Remarks)		
13. Full Performance Level Potential 14. Date SF 52 Initiated 15. Reemplo			ority List Cleared?	16. Other Conditions of Employment (Shift, Seasonal, etc.)		
17. Indicate maximum number of nights per month the away from home in a travel status	appointed person will be required to be	18. Does request relate solely to	requirements of the agency			
Not at all 1 to 5	6 to10 more	<b>—</b> ' · · · · · ·	□ No			
19. Date Applicants Available	20. Work Schedule	Part-Time Employment	of	·		
Immediately	Full-Time Employment	Hours Per Week				
21. Remarks (Any special qualification	Intermittent Employment	Other (Specify):	with this request. In	dicate submission of a SE 20A )		
				er Information Contact (Name and Telephone No.) By (Name and Title)		
To Requesting Office:	II. CERTIFICATION (Ple	ase Review Instruction	ons On Back Of I	Form)		
The attached list of eligibles is pro This certificate must be returned to Extensions must be authorized by This certificate is valid only for the	WITHIN 30 DAYS OF RECEIP the issuing office.	T OR BY		<b>——</b>		
Authority is granted to recruit through Applications of persons recruited:		• •	· , , ,	dicated above.		
Authority is granted to fill the posit	ion(s) identified above under (	OPM Reg. 316.402(A) bas	sed on insufficiency	of the register. (See FPM Ch. 333.)		
For Information Concerning Thi			·			
To leguine Office: Peach or confit		Review Instructions				
To Issuing Office: Report on certificat  We Desire Further Certification		•	(s) or eligibles not si	elected for appointment are returned.		
Signature and Title of Appointing Office		O. Tavarivies.		Date Signed		
Original		39-111		NSN 7540-00-634-399		

Request For		Signature of Issuing Officer (OPM Use Only)		2. Certificate No.		
Referral Of Eligibles				D. DEDUBAR Classes 4. Data lasted		
(See Instructions On Back)				3. DEP/IPAP Clearance	4. Date Issued	
(OBB INSUBCIONS ON B	·	AGENCY REQUEST		YES		
5. Department or Agency Name	eau or Field Establishmen	1	8. Agency Request Number			
6. Department or Agency Organization			9. Date of Request			
10. Submit Request To:				Submit this request office which has ju work location named special prior agrereached with the C Management.	risdiction over the in item 11, unless ement has been	
11. Number of Vacancies, Position Tit	le, Series Code, Grade, (Sala	ary, If Ungraded) Name of	Duty Location	12. Type of Appointme	ent	
				Career or Career-C	Conditional	
				Temporary NTE:		
				(Provide justification in Remarks)		
	<u></u>			Term (Provide authority in Remarks)		
13. Full Performance Level Potential	14. Date SF 52 Initiated	15. Reemployment Price	ority List Cleared?	<ol> <li>Other Conditions of (Shift, Seasonal, etc.)</li> </ol>		
17. Indicate maximum number of nights per month the	annointed necessary will be required to be	YES  18. Does request relate solely to	requirements of the anance	Orini, Seasonal, Bill	·/	
away from home in a travel status	11 0	merit promotion program?				
Not at all 1 to 5  19. Date Applicants Available	20. Work Schedule	e Yes	∐ No			
	Full-Time Employment	Part-Time Employmen	t of			
Immediately		Hours Per Week				
By (date): 21. Remarks (Any special qualification	Intermittent Employment on desired should be describe	Other (Specify):	with this request. Inc	licate submission of a S	F 39A )	
22. Address Where Certificate Is To I	3e Sent:		23. For Further Inf	ormation Contact (Name	e and Telephone No.)	
	24. Approved By (	y (Name and Title)				
To Requesting Office:	II. CERTIFICATION (Pla	ease Review Instructi	ons On Back Of I	Form)		
The attached list of eligibles is pro This certificate must be returned \( \) Extensions must be authorized by This certificate is valid only for the	WITHIN 30 DAYS OF RECEI  the issuing office.	PT OR BY	<del></del>	<b></b>		
Authority is granted to recruit through Applications of persons recruited s				dicated above.		
Authority is granted to fill the posit	tion(s) identified above under	OPM Reg. 316.402(A) ba	sed on insufficiency	ــــا of the register. <i>(See FF</i>	PM Ch. 333.)	
For Information Concerning Thi			•	,	•	
_						
		se Review Instructions				
To Issuing Office: Report on certificat	·	*	nts) of eligibles not se	elected for appointment	are returned.	
We Desire Further Certification		r Of Vacancies:				
Signature and Title of Appointing Office	ær			Date Signed		
0		20 111			NCN 7540 00 524 2005	

Request For		Signature of Issuing Officer (OPM Use Only)		2. Certificate No.						
Referral Of Eligibles					3. DEP/IPAP Clearance 4. Date Issued		d			
(See Instructions On Back)						YES	, 4. Bato 10000	•		
		l. /	AGE	NCY R	EQUEST			1120		
			7. Bureau or Field Establishment				8. Agency Request Number			
6. Department or Agency Organization Code							9. Date of Request			
10. Submit Request To:								Submit this reque office which has work location nam special prior ag reached with the Management.	jurisdiction over ed in item 11, un reement has t	the nless been
11. Number of Vacancies, Position Tit	le, Series Code, Grad	le, (Salai	y, If	Ungrade	d) Name (	of Duty Loc	ation	12. Type of Appoints  Career or Career  Temporary NTE  (Provide justifica	-Conditional tion in Remarks)	
13. Full Performance Level Potential	14. Date SF 52 Initia	ated	15.	Reemp	loyment P	riority List	Cleared?	16. Other Conditions	Term (Provide authority in Remarks)  6. Other Conditions of Employment (Shift, Seasonal, etc.)	
17. Indicate maximum number of nights per month the	appointed person will be requir	ed to be	18.	YES_	st relate solelv	to requirement	s of the agency		,	
away from home in a travel status		11 or	$\vdash$	merit prom	otion program	? 🖳				
Not at all 1 to 5  19. Date Applicants Available	20. Work Schedule	more	ш	Yes		_ No		-{		
Immediately	Full-Time Employm			Part-Tim Hours P	e Employm	ent of				
By (date):	Intermittent Employ		H	Other (5						
21. Remarks (Any special qualification			l on a			d with this	equest Inc	dicate submission of a	SF 39A.)	
22. Address Where Certificate Is To Be Sent:				23. For Further Information Contact (Name and Telephone No.)  24. Approved By (Name and Title)						
To Requesting Office:	II. CERTIFICATIO	ON (Ple	ase	Reviev	/ Instruc	tions On	Back Of I	Form)		
The attached list of eligibles is pro This certificate must be returned to Extensions must be authorized by This certificate is valid only for the	WITHIN 30 DAYS OF the issuing office.	RECEIP	T OF	R BY	n above.			<b></b> [		
Authority is granted to recruit throe Applications of persons recruited:					•	•	٠,	dicated above.		
Authority is granted to fill the position	tion(s) identified above	e under (	OPM	Reg. 31	6.402(A) t	oased on in	sufficiency	of the register. (See	FPM Ch. 333.)	
For Information Concerning Th	s Certificate Contac	et:								
To lesuing Office: Pened on codificati	III. REPORT								at are returned	
To Issuing Office: Report on certificate  We Desire Further Certification		-				erns) or elig	JULIES TIOUSE	elected for appointme	n are returned.	
Signature and Title of Appointing Officer							Date Signed			

Request For		Signature of Issuing Officer (OPM Use Only)		2. Certificate No.		
Referral Of Eligibles				D. DEDUDAD Classes A. Data lasted		
(See Instructions On Back)				3. DEP/IPAP Clearance	4. Date Issued	
(See Instructions On E	,	AGENCY REQUEST		YES		
5. Department or Agency Name	eau or Field Establishmen	l	8. Agency Request Number			
6. Department or Agency Organization			9. Date of Request			
10. Submit Request To:				Submit this request office which has ju work location named special prior agrereached with the C Management.	risdiction over the lin item 11, unless ement has been	
11. Number of Vacancies, Position Tit	Duty Location	12. Type of Appointme	ent			
				Career or Career-C	Conditional	
				Temporary NTE:		
				(Provide justification in Remarks)		
				Term (Provide authority in Remarks)		
13. Full Performance Level Potential	14. Date SF 52 Initiated	15. Reemployment Pri	ority List Cleared?	16. Other Conditions of		
	<u> </u>	YES		(Shift, Seasonal, etc	i.)	
<ol> <li>Indicate maximum number of nights per month the away from home in a travel status</li> </ol>	appointed person will be required to be 11 o	18. Does request relate solely to merit promotion program?	requirements of the agency			
Not at all 1 to 5	6 to 10 more	e Yes	No	_		
19. Date Applicants Available	20. Work Schedule	Part-Time Employmen	t of			
Immediately	Full-Time Employment	Hours Per Week				
By (date): 21. Remarks (Any special qualification	Intermittent Employment	Other (Specify):			NE 004 1	
22. Address Where Certificate Is To I	3e Sent:		23. For Further Inf	ormation Contact (Name	e and Telephone No.)	
	24. Approved By (	(Name and Title)				
To Requesting Office:	II. CERTIFICATION (Ple	ease Review Instructi	ons On Back Of I	Form)		
The attached list of eligibles is pro This certificate must be returned to Extensions must be authorized by This certificate is valid only for the	WITHIN 30 DAYS OF RECEING the issuing office.	PT OR BY				
Authority is granted to recruit through Applications of persons recruited:				dicated above.		
Authority is granted to fill the posit				of the register. <i>(See FF</i>	PM Ch. 333.)	
For Information Concerning Thi			,	or are registeri (eserv		
		se Review Instructions				
To Issuing Office: Report on certificat	- ·	•	nts) of eligibles not se	elected for appointment	are returned.	
We Desire Further Certification			Data Sizza d			
Signature and Title of Appointing Office	<b>&gt;e</b> r			Date Signed		
00		20 111			NSN 7540 00 624 2008	

# Instruction And Information For Agency Selecting And Appointing Officials

#### General

The information on certificates of eligibles is for United States Government use only. Treat certificates, including qualification statements and other attached papers, as privileged information. Return certificates to the issuing office BY THE EXPIRATION DATE.

When Authority to Recruit is granted (Section II), forward the applications of all persons recruited to the issuing office WITHIN 30 DAYS OF DATE ISSUED. Eligible applicants will be certified without further request. If an incomplete certificate is enclosed, all eligibles listed on it will be considered concurrently with applicants recruited under this authority.

Authority granted under OPM Regulation 316.402(A) (Section II) is used only after proper consideration is given to all eligibles on any certificate which is outstanding or issued prior to the expiration of the authority. The

authority is automatically cancelled (except for use in connection with commitments already made) when you receive a complete certificate of eligibles for the position(s). In any case, the authority expires WITHIN 30 DAYS OF DATE ISSUED. When making appointments under the authority, you must adhere to the procedures and standards in Chapter 333 of the Federal Personnel Manual and in any outstanding Office of Personnel Management letters, agreements, etc. Include any additional requirements under "Remarks".

Selections from certificates must be made in compliance with Title 5, United States Code, Section 3318 and other pertinent sections; and, any regulations issued by the Office of Personnel Management. See the Federal Personnel Manual (FPM) for further instructions-including FPM Supplement 296-33, which covers required pre-appointment checks.

## **Explanation of Key Terms and Footnotes**

The following key terms may appear adjacent to eligibles listed:

CPS-Compensable disability preference of 30% or more

CP-Compensable disability preference

XP-10-point veteran preference

TP-Tentative preference

**NV-Non veteran** 

The Office of Personnel Management places footnotes or remarks beside a particular eligible's name on a certificate or on the eligible's qualifications statement, to convey information about that person and, as appropriate, to alert the installation to necessary actions.

- COMP OF EDUC RQRD Many examinations recognize students within 9 months of completing their education as tentatively qualified. Therefore, such eligibles may not enter on duty until they provide proof of completion of required education to the appointing officer.
- SUPERIOR ACADMC ACHVMNT An eligible who qualifies based on claim of meeting superior academic achievement criteria of certain examinations. Agency must verify such academic achievement at the time of selection.
- 3. CERT OF PROF CLAIMED Indicates an eligible who claims typing and/or stenographic proficiency. Agency must verify such claims at time of selection.

## Reporting

Report appropriate action symbols in the far left column of the certificate on the same line as name of each eligible considered. Action symbols for use in reporting are listed below:

### **Declinations:**

**DA-**Declined Agency

DD-Declined Until a Later Date

**DE-Declined Examination Program** 

**DG-Declined Grade** 

**DL-Declined Location** 

**DP-Declined for the Position Certified Only** 

**DX**-Declined Further Consideration for Federal Employment

**DZ**-Declined for Other Reasons

#### **Agency Objections:**

(Under Delegated Authority or Sustained by OPM)

RM-Removed from Certificate-Medical (FPM Chapter 339-S3)

RS-Removed from Certificate-Suitability (FPM Chapter 731)

RQ-Removed from Certificate-Not Qualified (FPM Chapter 332-S4)

#### Others:

A-Selected (For each selection provide the expected date of appointment.)

**CR-Communication Returned Unclaimed** 

FR-Failed to Reply

NC-Appointed by Non-Competitive Action

**NS-Not Selected** 

NN-Not Selected-Not Contacted

\*CE-Career or Career-Conditional Employee

\*TE-Temporary (or Indefinite) Employee

\*Already serving under the same appointing officer, in the same type position, in the same (or higher) grade, at the same duty location, and under the same (or preferable) type of appointment as that for which this certificate was issued. When these symbols are used, Title of Position, Grade and Duty Location must be listed as evidence that all of the above conditions are present.

# **Distribution of Copies**

Original - Returned to Issuing Office.

Copy 1 - Retained by Requesting Office when action on certificate or authority is completed by agency.

Copy 2 - Retained by Issuing Office when certificate or grant of authority is sent to Requesting Office.

Copy 3 - Retained by Requesting Office when submitting SF 39.

The Office of Personnel Management encourages installations to notify schools above high school level when a student or recent graduate is selected for career appointment (FPM Chapter 332, B-11).

SF 39 Back (Rev. 11/88)