U.S. Office of Personnel Management Request for Referral of Eligibles

Name of issuing official 2. Certificate of Elig		of Eligibl	les control number 3. Date issue		(mm/dd/yyyy)						
I. AGENCY REQUEST											
4. Department or agency name 6. Bureau or field office				est number							
5. Department or agency organization code				8. Date of request (mm/dd/yyyy)							
Identify appropriate delegated examining office and address			10a. Number of vacancies	5	10b. Series						
			10c. Position title								
11. Type of appointment			10d. Grade (salary, if ungraded)								
Career or career-conditional											
Temporary NTE: (Provide justification in remarks)			10e. Duty location								
Term NTE: (Provide justification in remarks)											
12. Full performance level 13. Date SF 52 or request initiated 14. C		TAP/ICTAP cleared	15. Other condi	tions of employment							
(Potential)			Yes No	(e.g., shift or seasonal work, medical exam, etc.)							
16. Reemployment priority list cleared 17. In wi	17. Indicate maximum number of nights per month the appointee will be required to be away from home in a travel status.										
☐ Yes ☐ No ☐ None ☐ 1 to 5 ☐ 6 to 10 ☐ 11 or more											
18. Date position(s) needs to be filled (mm/dd/yyyy) Part-time employment of Full-time employment of Other (specify)											
						20. Remarks. Provide any special qualification requirements (e.g., selective factors).					
21. Address where Certificate of Eligibles is to be sent: 22a. Contact name											
21. Address where Certificate of Eligibles is to be sent.			Zza. Contact name								
			22b. Contact telephone number 22c. Contact fax number		22c. Contact fax number						
		22d. Contact e-mail address									
II. CERTIFICATION of ELIGIBLES (To Be Completed by DE Office)											
Delegated examining office:											
The attached Certificate of Eligibles is provided in response to the above request.											
This Certificate of Eligibles is valid only for the position(s), grade(s), and duty location(s) shown above.											
This Certificate of Eligibles must be returned by, according to agency policy.											
For information concerning this Certificate of Eligibles contact:											
III. REPORT											
To issuing office: If Certificate of Eligibles is returned unused, please explain why:											
Signature of appointing official Name and title of appointing offi			cial		Date signed (mm/dd/yyyy)						
											

U.S. Office of Personnel Management 5 CFR part 332

Request for Referral of Eligibles

Instructions and Information for Agency Selecting and Appointing Officials

General:

The information on the Certificate of Eligibles is for the United States Government use only. Treat Certificate of Eligibles, including qualification statements and other attached documents, as privileged information. Return Certificate of Eligibles to the issuing office by the date indicated in Section II.

Selections from Certificate of Eligibles must be made in compliance with title 5, United States Code, Sections 3318 and 3319 and any regulations issued by the U.S. Office of Personnel Management. See *Guide to Processing Personnel Actions* located on OPM's website, http://www.opm.gov/feddata/gppa/gppa.asp, for further instructions on required pre-appointment checks. Additional information on making selections can be found in title 5, Code of Federal Regulations (CFR) sections 330 subpart F and G, 332.404, and 332.406(b)(c)(d).

Explanation of Key Terms and Footnotes

Footnotes or remarks are placed beside a particular eligible's name on a Certificate of Eligibles or on the eligible's qualifications statement to convey information about that person and, as appropriate, to alert the office to necessary actions.

The following key terms may appear adjacent to eligibles listed:

- CPS -- 10-point compensable preference based on a service-connected disability of 30% or more
- CP -- 10-point compensable preference based on a service connected disability of 10% or more, but less than 30%
- XP -- 10-point other preference; granted to recipients of the Purple Heart, persons with a non-compensable service-connected disability (less than 10%), widow/widower or mother of a deceased veteran, or spouse or mother of a disabled veteran
- TP -- 5-point preference
- NV -- Non-Veteran

Completion of Educational Requirements - Many examinations recognize students who are within nine 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 official.

Superior Academic Achievement - Students who achieved superior academic standing based on class standing, grade-point average, or honor society membership may qualify for superior academic achievement. Agency must verify such academic achievement prior to selection.

Certification of Proficiency Claimed - An eligible who claims typing and/or stenographic proficiency. Agency must verify claims prior to selection

Reporting

Report appropriate action codes on the Certificate of Eligibles next to the appropriate name of the eligible. Declinations, Communication Returned Unclaimed, and Failed to Respond codes must be supported by documentation. Action codes for use in reporting are listed below:

Declinations:

DA -- Declined Agency

DD -- Declined

DG -- Declined Grade or Salary

DL -- Declined Location

DP -- Declined for the Position Certified Only

DZ -- Declined for other Reason

Agency Objections:

(Under Delegated Examining Authority)

RM -- Removed from Certificate-Medical (5 CFR part 339)

RQ -- Removed from Certificate - Qualification (5 CFR part 337 or 338)

RS -- Removed from Certificate - Conduct (5 CFR part 731)

Others:

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

CRU -- Communication Returned Unclaimed

FR -- Failed to Respond

NC -- Appointed by Non-Competitive Action

NS -- Not Selected

NN -- Not Contacted

CE -- Career or Career-Conditional Employee*

TE -- Temporary (or Term) Employee

** Already serving under the same appointing official, in the same type of position, in the same (or higher) grade, at the same duty location. Position title, grade and duty location must be listed as evidence that all of the above conditions are present, including the type of appointment and selecting official, if known.