

# U.S. Office of Personnel Management

## Request for Referral of Eligibles

|   |   |  |                                  |   |             |
|---|---|--|----------------------------------|---|-------------|
| 1. Name of issuing official   |   | 2. Certificate of Eligibles control number   |                                  | 3. Date issued (mm/dd/yyyy)   |             |
| <b>I. AGENCY REQUEST</b>  |   |  |                                  |   |             |
| 4. Department or agency name  |   | 6. Bureau or field office  |                                  | 7. Agency request number  |             |
| 5. Department or agency organization code   |   |  |                                  | 8. Date of request (mm/dd/yyyy)   |             |
| 9. Identify appropriate delegated examining office and address  |   |  | 10a. Number of vacancies         |   | 10b. Series |
|   |   |  | 10c. Position title              |   |             |
| 11. Type of appointment<br><input type="checkbox"/> Career or career-conditional<br><input type="checkbox"/> Temporary NTE: _____ (Provide justification in remarks)<br><input type="checkbox"/> Term NTE: _____ (Provide justification in remarks)   |   |  | 10d. Grade (salary, if ungraded) |   |             |
|   |   |  | 10e. Duty location               |   |             |
| 12. Full performance level (Potential)  | 13. Date SF 52 or request initiated   | 14. CTAP/ICTAP cleared<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                  | 15. Other conditions of employment (e.g., shift or seasonal work, medical exam, etc.) |             |
| 16. Reemployment priority list cleared<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 17. Indicate maximum number of nights per month the appointee will be required to be away from home in a travel status.<br><input type="checkbox"/> None <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 or more |  |                                  |   |             |
| 18. Date position(s) needs to be filled (mm/dd/yyyy)  | 19. Work Schedule<br><input type="checkbox"/> Part-time employment of _____<br><input type="checkbox"/> Full-time employment <input type="checkbox"/> Intermittent employment<br><input type="checkbox"/> 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                |   |             |
|   |   |  | 22b. Contact telephone number    | 22c. Contact fax number   |             |
|   |   |  | 22d. Contact e-mail address      |   |             |
| <b>II. CERTIFICATION of ELIGIBLES (To Be Completed by DE Office)</b>  |   |  |                                  |   |             |
| Delegated examining office:<br><input type="checkbox"/> The attached Certificate of Eligibles is provided in response to the above request.<br><input type="checkbox"/> This Certificate of Eligibles is valid only for the position(s), grade(s), and duty location(s) shown above.<br><input type="checkbox"/> This Certificate of Eligibles must be returned by _____, according to agency policy. |   |  |                                  |   |             |
| For information concerning this Certificate of Eligibles contact:   |   |  |                                  |   |             |
| <b>III. REPORT</b>  |   |  |                                  |   |             |
| To issuing office: If Certificate of Eligibles is returned unused, please explain why:  |   |  |                                  |   |             |
| Signature of appointing official  |   | Name and title of appointing official  |                                  | Date signed (mm/dd/yyyy)  |             |

## 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.