Request for Certification of Eligibles for Temporary Limited Positions

For open requests, please submit original and one copy of this form, one copy of the position description and OF-8, and one copy of temporary justification (Form NIH 2736-1). For name requests, submit the above, plus a copy of SF 171 (and a copy of OPM 1170/17 or transcripts when applicable). Crediting plan numbers are to be submitted for all Federal Wage System positions.

Original applications of eligibles *not* selected for appointment should be attached and returned with appropriate documentation.

| Send this form to: | Division of Career Resources, OHRM | | |
|--------------------|------------------------------------|--|--|
| | Building 31, Room B3C07 | | |

| С | IC Request No. | Date of Request | Certificate No. | Date Issued |
|---|----------------|-----------------|-----------------|-------------|
| | | | | |
| | | | | |

Number of Vacancies, Position Title, Series, Grade, Duty Location. List any selective factors.

| Tour of Duty: F/T P/T | | |
|---|---|---------------|
| If P/T, number of hours per pay period: | _ and length of appointment (NTE) either: 🗌 1 year or | |
| Signature of IC Human Resource Officer (or designee) (Certifies that 5 CFR 316, Subpart D, and NIH Manual 2300-316-1 have been reviewed, and that all conditions and requirements governing the use and extension of temporary limited appointments have been met.) | | Building/Room |

Referral

| The following list of eligibles is provided in response to the above request: | | | | | | | | |
|---|-------------------------|-------------------------------------|--|--|-----------------------------------|---|--|--|
| Action* | Veteran's Preference | | Name | EOD Date | | | | |
| | | | | | | | | |
| * Codes for "Action" A —Selected (For each selection provide the expected date of appointment) CR —Communication Returned Unclaimed DD —Declined Until a Later Date NS —Not Selected | | of appointment) turned Unclaimed | NN —Not Selected/Not Contacted DP —Declined for position certified only DZ —Declined for other reasons FR —Failed to Reply DA —Declined Agency | DB —Declined Grade DL —Declined Location DX —Declined Further Consideration for Federal Employment | eligibles appointn attacheo | applications of NOT selected for nent should be l and returned with ate docu- n. | | |

Signature of Issuing Officer, Division of Career Resources, OHRM

Verification of Action: Signature of IC Human Resource Officer (or designee)