NATIONAL INSTITUTES OF HEALTH

REQUEST FOR SPECIAL REPORT FROM TAPS
(TDCS-ARMS PERSONNEL SYSTEM)

SAB CONTROL #

DATE

TO:	Systems and Actions Branch, DPM Building 31, Room B3C27		INSTRUCTIONS
FROM:	CERTIFICATION: This report is to be used for official business only and is to be protected under the provisions of the Privacy Act.	VALID DCRT ACCT NO.	This form is to be used for requesting special reports. References to specific data elements can be found in the NIH Manual 2300-292-1 Appendix 1.
	SIGNATURE	VALID DCRT INITIALS	
	BLDG. ROOM NO. ORGANIZATION	TELEPHONE NO.	

1. IMPORTANT:

DESCRIBE OFFICIAL PURPOSE FOR WHICH REPORT IS NEEDED

NOTE: Describe the *format* you wish for the data on the reverse side (Item 6) or attach a layout or print of format desired.

2. IDENTIFY TYPE OF EMPLOYEE BY PAY PLAN AS INDICATED

FILL IN BOXES FOR ALL THAT APPLY:

☐ Civil Service (General Schedule)
☐ Civil Service (Federal Wage System)
☐ Senior Executive Service (ES)
☐ Section 210(g) Employees (ST)
☐ Merit Pay System (GM)
☐ Staff Fellows (AD)
☐ Senior Staff Fellows (AD)
☐ Experts/Consultants (EE, EG)
☐ Members, Committees, Advisory Council, Bd. Scientific Counselors (EI)

☐ PHS Commissioned Corps (CO)
☐ Visiting Scientists (AD)
☐ Visiting Associates (AD)
☐ Stay in School (GW, WW)
☐ Summer Aid
☐ All of the above
☐ Other _____

3. ORGANIZATION AND AREA TO BE INCLUDED

☐ NIH Wide
☐ ICD (Specify Name of) _____

☐ NIH Metropolitan Area
☐ NIH Non Metropolitan Area

4. ORDER IN WHICH DATA IS TO BE SORTED

Indicate data element you want used to sort (or list) the data (i.e., the order in which you want data to appear). For example, a listing can be sorted alphabetically, or by grade, series, pay plan, or whatever you wish. Please indicate below. Multiple sorts are not required but may be requested.

First sort _____   Third sort _____

Second sort _____   Fourth sort _____

5. NUMERICAL CODE USED TO IDENTIFY POSITIONS

☐ 1 - Full-Time Permanent
☐ 2 - Full-Time Temporary
☐ 3 - Part-Time
☐ 4 - Intermittent (Per Annum)

☐ 5 - Intermittent (Per Diem)
☐ 6 - Intermittent (Per Hour)
☐ 7 - WOC (Without Compensation)
☐ All of the Above

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Privacy Act System 09-90-0017

6. DRAW OR SHOW DESIRED FORMAT USING HEADINGS AND DATA ELE- MENTS YOU WISH PRINTED	

7. REPORT PRODUC- TION CYCLE	Would like Report by: _____
	
	One Time Only ☐
	    OR
	Recurring Every _____
	    OR
	Recurring as Requested ☐ (NOTE): If this Report may be needed again, please check this column.

8. NOTE ANY SPECIAL INSTRUCTIONS HERE. SUCH AS, DATE OF PERIOD YOU WISH REPORT TO COVER, ETC.	

9. NO. OF COPIES	10. JUSTIFICATION FOR RECURRING REPORTS:

11. FOR SAB USE ONLY	CONTROL NUMBER	PRIORITY	COST	DATE RECEIVED
	PROGRAMMER		PROGRAMMING TIME	DATE COMPLETED

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