

NATIONAL INSTITUTES OF HEALTH					SAB CONTROL #
REQUEST FOR SPECIAL REPORT FROM TAPS (TDCS-ARMS PERSONNEL SYSTEM)					DATE
TO:	Systems and Actions Branch, DPM Building 31, Room B3C27				INSTRUCTIONS 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.
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.		
	SIGNATURE		VALID DCRT INITIALS		
	BLDG.	ROOM NO.	ORGANIZATION	TELEPHONE NO.	
<div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> 1. IMPORTANT: DESCRIBE OFFICIAL PURPOSE FOR WHICH REPORT IS NEEDED </div> <div style="flex-grow: 1;"></div> </div>					
NOTE: Describe the <i>format</i> you wish for the data on the reverse side (Item 6) or attach a layout or print of format desired.					
<div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> 2. IDENTIFY TYPE OF EMPLOYEE BY PAY PLAN AS INDICATED </div> <div style="flex-grow: 1;"> FILL IN BOXES FOR ALL THAT APPLY: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Civil Service (General Schedule) <input type="checkbox"/> Civil Service (Federal Wage System) <input type="checkbox"/> Senior Executive Service (ES) <input type="checkbox"/> Section 210(g) Employees (ST) <input type="checkbox"/> Merit Pay System (GM) <input type="checkbox"/> Staff Fellows (AD) <input type="checkbox"/> Senior Staff Fellows (AD) <input type="checkbox"/> Experts/Consultants (EE, EG) <input type="checkbox"/> Members, Committees, Advisory Council, Bd. Scientific Counselors (EI) </div> <div style="width: 48%;"> <input type="checkbox"/> PHS Commissioned Corps (CO) <input type="checkbox"/> Visiting Scientists (AD) <input type="checkbox"/> Visiting Associates (AD) <input type="checkbox"/> Stay in School (GW, WW) <input type="checkbox"/> Summer Aid <input type="checkbox"/> All of the above <input type="checkbox"/> Other _____ </div> </div> </div> </div>					
<div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> 3. ORGANIZATION AND AREA TO BE INCLUDED </div> <div style="flex-grow: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> NIH Wide <input type="checkbox"/> ICD (Specify Name of) _____ </div> <div style="width: 48%;"> <input type="checkbox"/> NIH Metropolitan Area <input type="checkbox"/> NIH Non Metropolitan Area </div> </div> </div> </div>					
<div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> 4. ORDER IN WHICH DATA IS TO BE SORTED </div> <div style="flex-grow: 1;"> 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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> First sort _____ Second sort _____ </div> <div style="width: 48%;"> Third sort _____ Fourth sort _____ </div> </div> </div> </div>					
<div style="display: flex;"> <div style="width: 15%; padding-right: 10px;"> 5. NUMERICAL CODE USED TO IDENTIFY POSITIONS </div> <div style="flex-grow: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1 - Full-Time Permanent <input type="checkbox"/> 2 - Full-Time Temporary <input type="checkbox"/> 3 - Part-Time <input type="checkbox"/> 4 - Intermittent (Per Annum) </div> <div style="width: 48%;"> <input type="checkbox"/> 5 - Intermittent (Per Diem) <input type="checkbox"/> 6 - Intermittent (Per Hour) <input type="checkbox"/> 7 - WOC (Without Compensation) <input type="checkbox"/> All of the Above </div> </div> </div> </div>					

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