

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

IC	IC Request No.	Date of Request	Certificate No.	Date Issued
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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) <i>(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.)</i>	Building/Room
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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 <i>(For each selection provide the expected date of appointment)</i> | NN — Not Selected/Not Contacted | DB — Declined Grade |
| CR — Communication Returned Unclaimed | DP — Declined for position certified only | DL — Declined Location |
| DD — Declined Until a Later Date | DZ — Declined for other reasons | DX — Declined Further |
| NS — Not Selected | FR — Failed to Reply | Consideration for |
| | DA — Declined Agency | Federal Employment |

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

Signature of Issuing Officer, Division of Career Resources, OHRM

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