

REQUEST FOR APPROVAL OF NONCOMPETITIVE ACTION

IMPORTANT: See instructions on reverse and detailed instructions in Subchapters S4 and S5, Appendix A, FPM 296-31

<p style="text-align: center;"><i>(Enter Name, Address, and ZIP Code of OPM Office)</i></p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Office of Personnel Management</p> </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">ATTENTION:</p> </div>	<p>1. Type of Action</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Transfer</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Conversion to Career or Career-Conditional Appointment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Position Change</td> <td style="border: none;"><input type="checkbox"/> Appointment (Spec. Tenure)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Reinstatement</td> <td style="border: none;"><input type="checkbox"/> Excepted Appointment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Temporary or Term Appointment based on Reinstatement Eligibility</td> <td style="border: none;"><input type="checkbox"/> Detail</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Career Appointment</td> <td style="border: none;"><input type="checkbox"/> Other (<i>Specify</i>)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Career Conditional Appointment</td> <td style="border: none;"></td> </tr> </table> <p>2. OPM Regulation or other authority under which action is requested</p> <p>3. Is employee now serving under a career or career conditional appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Transfer	<input type="checkbox"/> Conversion to Career or Career-Conditional Appointment	<input type="checkbox"/> Position Change	<input type="checkbox"/> Appointment (Spec. Tenure)	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Excepted Appointment	<input type="checkbox"/> Temporary or Term Appointment based on Reinstatement Eligibility	<input type="checkbox"/> Detail	<input type="checkbox"/> Career Appointment	<input type="checkbox"/> Other (<i>Specify</i>)	<input type="checkbox"/> Career Conditional Appointment	
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<input type="checkbox"/> Career Appointment	<input type="checkbox"/> Other (<i>Specify</i>)												
<input type="checkbox"/> Career Conditional Appointment													

4. Name (<i>Last, First, M.I.</i>)	5. Total length of service in present grade:
6. Home Address -- Complete if employee is to take written test. (<i>Number, Street, City, State, and Zip Code</i>)	7. Veteran Preference <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Birth Date (<i>Month, Day, Year</i>)

	FROM	TO
9. A. Position Title Pay Plan Occupational Code Grade and Salary		
B. Bureau of Office		
C. Duty Station		

10. Have requirements other than those for which prior approval is requested been met? (Fill out in ALL cases) Yes No (*If "No," explain in Item 11, below*)

11. Enter (or attach) any supporting statements required by instructions on this form or in FPM Supplement 296-31, Appendix A.

Attach description of duties of proposed position (except where title is descriptive of the duties, such as typist, stenographer, etc.)

12. Reason for Submission (*To be checked by agency*)

<input type="checkbox"/> A. Prior approval of nominee's experience and training. <input type="checkbox"/> B. Prior approval of action involved: <input type="checkbox"/> (1) Waiver of Time-After-Competitive-Appointment restriction under OPM Regulation 330.501. <input type="checkbox"/> (2) Waiver of experience and training requirement. <input type="checkbox"/> (3) Written Test.	<p style="text-align: right;"><i>B. (Continued)</i></p> <input type="checkbox"/> (4) A position for which no experience and training standards have been issued. <input type="checkbox"/> (5) A person separated for cause. <input type="checkbox"/> (6) Extension of detail beyond 120 days. <input type="checkbox"/> (7) Other (<i>Specify</i>):
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<p style="text-align: center;"><i>(Enter Name, Address, and ZIP Code of Requesting Office)</i></p> <div style="border: 1px solid black; height: 100px; width: 90%; margin: 10px auto;"></div>	<p>For information call (<i>Name, Telephone No., including Area Code</i>)</p> <hr/> <p>Authorized Signature</p> <hr/> <p>Title Date Signed (<i>Month, Day, Year</i>)</p>
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INSTRUCTIONS

NUMBER OF COPIES TO BE SUBMITTED

Submit this form in duplicate.

OFFICE TO WHICH REQUEST IS SUBMITTED

Submit this request to the office which has recruiting jurisdiction over the position involved, except when instructions applicable to the case (see Subchapters S4 and S5, Appendix A, FRPM Supplement 296-31) require submission to the OPM's central office (for example, all requests for career appointment based on service in the legislative or judicial branch under section 2(b) or (c) of the Ramspeck Act are submitted to the Staffing Systems and Services Group, Office of Personnel Management, Washington, D.C. 20415).

SUPPORTING DOCUMENTS AND STATEMENTS

Attach to all requests a completed copy of Standard Form 171 (or 173), Personal Qualifications Statement: except that Standard Form 172, Amendment to Personal Qualifications Statement, may be used with requests which involve qualification requirements only. (Standard Form 172 may be omitted when the administration of a written test is the only action involved.) Attach any additional documents and include in Item 11 (or attach) any statements required by applicable instructions in Subchapter S4 or S5, Appendix A, FPM Supplement 296-31.

REQUEST INVOLVING SEPARATION FOR CAUSE

State whether the nominee's Official Personnel Folder is in the agency's possession, or has been requested by it.

OPM ACTION

The action proposed on the reverse side of this form is:	Approved	Disapproved (<i>See note below</i>).
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The requirements which are checked below were reviewed in making this decision.

- Qualifications requirements only
- Suitability
- Reinstatement eligibility determination
- Other (*Specify under "Remarks"*)

Note: The agency must determine whether the individual meets all other requirements for the action proposed.

Remarks:

OFFICE OF PERSONNEL MANAGEMENT	Authorized Signature	Date (<i>Month, Day, Year</i>)
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