

Certification of Agency Offer of Position and Required Documentation

(for Discontinued Service Retirement Under CSRS or FERS)

Instructions to Agency Personnel

Complete this certification whenever an employee is being separated for discontinued service retirement. Attach the completed form to the employee's application for retirement. If a properly completed certification does not accompany an employee's retirement application, OPM will not authorize any annuity payments, until the certification is received, unless the employee is also eligible for retirement based on his or her age and service. A job offer is a "reasonable offer" if all of the following conditions are met.

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| 1. The agency offer of the position must be in writing. | 4. The offered position must be within the employee's commuting area, unless the employee is under a geographic mobility agreement. |
| 2. The employee must meet established qualification requirements for the position. | 5. The offered position must be of the same tenure as the current position. |
| 3. The offered position must be in the employee's agency, including an agency to which the employee is transferred with his/her function in a transfer of function between agencies. | 6. The offered position must not be lower than the equivalent of 2 grade/pay levels below the employee's current grade or pay level. |

Certification

1. Applicant's name (<i>last, first, middle</i>)	2. Date of birth (<i>month, day, year</i>)	3. Social Security Number
<p>4. Is the employee in the Senior Executive Service?</p> <p><input type="checkbox"/> Yes \longrightarrow If "Yes", is the discontinued service retirement eligibility based on:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Failure to be recertified? <input type="checkbox"/> Less than fully successful performance? <input type="checkbox"/> Other (<i>explain</i>) </div> <div style="width: 60%;"></div> </div> <p><input type="checkbox"/> No</p>		
<p>5. Was the employee given a written offer of a position in your agency (or in another agency to which his or her function was transferred in a transfer of function between agencies)?</p> <p><input type="checkbox"/> Yes: Also complete items 6-13 below. <input type="checkbox"/> No: Skip to Agency Certification, items 14-18.</p>		
6. Give employee's current job title, classification series and grade.	7. Give the offered position's job title, classification series and grade.	
<p>8. The offered position was (<i>check the appropriate box</i>):</p> <p><input type="checkbox"/> Within the commuting area <input type="checkbox"/> Outside the commuting area</p>	<p>9. Was a geographic mobility agreement in effect for the employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Was the offered position of the same work schedule (<i>full-time for full-time employee; part time of at least the same number of hours for part-time employee, etc.</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>11. Was the offered position of the same tenure, i.e., in the same service (<i>competitive, excepted, or Senior Executive Service</i>) and of the same type (<i>career, permanent, indefinite, etc.</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. Does the employee meet the X-118 or equivalent qualifications of the offered position?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Was the grade or pay level of the offered position within two grades or pay levels of the employee's position?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Agency Certification

I certify that the above information accurately describes the agency's offer of position to the applicant, if such offer was made, and that documentation required in Chapter 44 of CSRS and FERS Handbook for Personnel and Payroll Offices is attached.

14. Signature of responsible agency personnel officer	15. Telephone number	16. Date
17. Typed name and title of responsible agency personnel officer	18. Name and mailing address of agency	