

<b>Request For Referral Of Eligibles</b> <i>(See Instructions On Back)</i>	1. Signature of Issuing Officer <i>(OPM Use Only)</i>		2. Certificate No.
			3. DEP/IPAP <input type="checkbox"/> YES
		4. Date Issued	

**I. AGENCY REQUEST**

5. Department or Agency Name	7. Bureau or Field Establishment	8. Agency Request Number
6. Department or Agency Organization Code		9. Date of Request

10. Submit Request To: \_\_\_\_\_

Submit this request to the examining office which has jurisdiction over the work location named in item 11, unless special prior agreement has been reached with the Office of Personnel Management.

11. Number of Vacancies, Position Title, Series Code, Grade, <i>(Salary, if Ungraded)</i> Name of Duty Location	12. Type of Appointment <input type="checkbox"/> Career or Career - Conditional <input type="checkbox"/> Temporary NTE: <i>(Provide justification in Remarks)</i> <input checked="" type="checkbox"/> Term <i>(Provide authority in Remarks)</i>
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13. Full Performance Level	14. Date SF 52 Initiated	15. Reemployment Priority List Cleared? <input type="checkbox"/> YES	16. Other Conditions of Employment <i>(Shift, Seasonal, etc.)</i>
17. Indicate maximum number of nights per month the appointed person will be required to be away from home in a travel status <input type="checkbox"/> Not at all <input type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 or more		18. Does request relate solely to requirements of the agency merit promotion program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Date Applicants Available <input type="checkbox"/> Immediately <input type="checkbox"/> By <i>(date)</i> :	20. Work Schedule <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment of _____ <input type="checkbox"/> Intermittent Employment <input type="checkbox"/> Other <i>(Specify)</i> :		

21. Remarks *(Any special qualification desired should be described on a SF 39A submitted with this request. Indicate submission of a SF 39A.)*

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22. Address Where Certificate Is To Be Sent:	23. For Further Information Contact <i>(Name and Telephone No.)</i>
	24. Approved By <i>(Name and Title)</i>

**II. CERTIFICATION *(Please Review Instructions On Back Of Form)***

To Requesting Office:

The attached list of eligibles is provided in response to the above request. This certificate must be returned WITHIN 30 DAYS OF RECEIPT OR BY \_\_\_\_\_ Extensions must be authorized by the issuing office. This certificate is valid only for the position, grade, and duty location(s) shown above.

Authority is granted to recruit through the open competitive examination for appointment to the position(s) indicated above.

Authority is granted to fill the position(s) identified above under OPM Reg. 516.402(A) based on insolvency of the register. *(See FPMR 516.402.)*

**For Information Concerning This Certificate Contact:**

**III. REPORT *(Please Review Instructions On Back Of Form)***

To Issuing Office: Report on certificate is submitted and original applications *(and attachments)* of eligibles not selected for appointment are

**We Desire Further Certification For The Following Number Of Vacancies:**

Signature and Title of Appointing Officer	Date Signed
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