



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Strategic Human  
Resources Policy  
Division

JUN 30 2008

MEMORANDUM FOR DIRECTORS OF HUMAN RESOURCES

FROM:

*Nancy H. Kichak*  
NANCY H. KICHAK  
ASSOCIATE DIRECTOR  
STRATEGIC HUMAN RESOURCES POLICY

Subject:

Templates for Dual Compensation Waivers

The U.S. Office of Personnel Management (OPM) has established templates for agencies to use when submitting dual compensation (salary offset) waiver requests. These templates contain the criteria agencies must meet in order to receive dual compensation (salary offset) waiver approval from OPM. We have provided a separate template for each criteria under which an agency may submit an application

We strongly encourage agencies to use these templates because they will help your staff better focus on the kinds of information required in any dual compensation waiver request. In addition, use of the templates may shorten the time it takes OPM to process your request by eliminating the need for us to seek follow-up information. You can find additional guidance on dual compensation waivers to assist you with your requests at <http://www.opm.gov/staffingportal/reemployment.pdf>.

OPM may grant dual compensation (salary offset) waivers on a case-by-case basis to assist agencies facing an emergency, exceptional difficulty in recruiting or retaining qualified individuals, or other unusual circumstances. OPM may delegate waiver authority to agencies confronted with emergencies or other unusual circumstances. Each of the five attached templates is designed for use in particular circumstances.

Please contact Ms. Janice Warren at [janice.warren@opm.gov](mailto:janice.warren@opm.gov) or (202) 606-2367 if you have any questions regarding these templates.

Attachments

(Emergency Hiring Need)

Honorable Linda M. Springer  
Director  
U.S. Office of Personnel Management  
Washington DC 20415

Dear Director Springer:

The {name of requesting agency} requests a dual compensation reduction (salary offset) waiver for Mr. (or Ms.) \_\_\_\_\_. This waiver will enable {name of requesting agency} to reemploy Mr. (or Ms.) \_\_\_\_\_ for work needed to respond to {describe the military threat, natural disaster, or other unforeseen occurrence (e.g., an outbreak of pandemic influenza) for which the individual's services are needed. Emergencies must involve direct threats to life or property.} The {name of requesting agency} will appoint Mr. (or Ms.) \_\_\_\_\_ on a {indicate the appointing authority which the agency intends to use to reemploy the annuitant} appointment to {indicate the position the reemployed annuitant will have.}

The {name of requesting agency} is requesting this waiver under the criteria in 5 CFR 553.201 (c) – “Requests based on an emergency hiring need.” The criteria for approving a waiver for Mr. (or Ms.) \_\_\_\_\_ are met by the following information:

- (1) *Nature of emergency.* {describe the emergency – military threat, natural disaster, or unforeseen occurrence, the date it occurred, and the expected duration of the emergency response effort needed by the individual for whom the waiver is being requested. Describe how the emergency poses a direct threat to life or property.}
- (2) *Need for Mr. (or Ms.) \_\_\_\_\_ services.* Mr. (or Ms.) \_\_\_\_\_ {provide a description of how the individual is uniquely qualified for the emergency response work or explain how the number of positions to be filled and/or the urgency of response justifies the appointment of the individual without further delay in the context of the impact on life or property}

Sincerely,

{Name of requestor, and title}

Attachments (if any)

(Severe Recruiting Difficulty)

Honorable Linda M. Springer  
Director  
U.S. Office of Personnel Management  
Washington, DC 20415

Dear Director Springer:

The {**name of requesting agency**} requests a dual compensation reduction (salary offset) waiver for **Mr. (or Ms.)** \_\_\_\_\_. The {**name of requesting agency**} is seeking a waiver for **Mr. (or Ms.)** \_\_\_\_\_ because we have had exceptional difficulty recruiting a qualified individual for the position of {**state the position the reemployed annuitant will occupy**}. The {**name of requesting agency**} will appoint **Mr. (or Ms.)** \_\_\_\_\_ on a {**indicate the appointing authority which the agency intends to use to reemploy the annuitant**} appointment to {**indicate the position the reemployed annuitant will have.**}

The {**name of requesting agency**} is requesting this waiver under criteria in 5 CFR 553.201 (d) - "Request based on severe recruiting difficulty." The criteria for approving a waiver for **Mr. (or Ms.)** \_\_\_\_\_ are met by the following:

1. *A description of the length, breadth and results of the agency recruitment efforts for the position.* {**Provide detailed specifics about your agencies recruiting efforts. Give detailed results of job postings, i.e. vacancy announcement number, open and close dates, number of applications received, number of qualified candidates, number of candidates referred to the selecting official, and describe/explain why your agency did not make a selection. In addition to USAJOBS postings, describe any additional recruiting efforts – job fairs, advertisements in professional journals, etc. If the position being filled is in the excepted service, you still must describe your agency's recruiting efforts – e.g., use of recruitment fliers, advertisements in professional or trade journals, campus recruiting, etc., and the results of those efforts. Mention the extent to which your agency used recruitment incentives to help fill this position. It is also recommended that you include documentary evidence of your recruitment efforts i.e., vacancy announcements.**}
2. *Other factors demonstrating that a legitimate recruiting need cannot be met without the waiver.* {**describe any unusual qualification requirements, or how the working conditions (i.e., the location of the job or conditions specific to the nature of the work to be performed) of the position have impacted your ability to recruit qualified individuals. If you offered retention bonuses – give dates, etc. If applicable, explain why the position needs to be filled without further delay, and why continued recruiting efforts are not feasible.**}

Sincerely,

{Name of requestor, and title}

Attachments (if any)

(Need to Retain)

Honorable Linda M. Springer  
Director  
U.S. Office of Personnel Management  
Washington DC 20415

Dear Director Springer:

The {name of requesting agency} requests a dual compensation reduction (salary offset) waiver for Mr. (or Ms.) \_\_\_\_\_. This waiver will enable {name of requesting agency} to retain Mr. (or Ms.) \_\_\_\_\_ in the position of {identify the position} in order to {indicate the specific ongoing project on which the individual will be working. Note: under this provision, individuals cannot be retained to continue all of the duties or functions of the position they held prior to retirement; they may only be retained for a specific project}.

The {name of requesting agency} is requesting this waiver under the criteria in 5 CFR 553.201 (e) - "Exceptions based on the need to retain a particular individual." The criteria for approving a waiver for Mr. (or Ms.) \_\_\_\_\_ are met by the following information:

- (1) *Critical nature of the project.* Mr. (or Ms.) \_\_\_\_\_ will be {describe the project for which the individual is needed}. This project is important because {describe the importance of the project to the agency's mission. Also, describe the potential costs (can be cost in terms of impact or ramification) of project failure or delay, if any. Describe any legislative or presidential deadlines (be specific – particularly if timelines or milestones are involved), if any. Describe any other factors, as applicable, which demonstrate how the project is unusually critical}.
- (2) *Candidate's Unique qualifications.* Mr. (or Ms.) \_\_\_\_\_ {describe the knowledge, skills, and abilities possessed by the candidate that are essential for successful completion of the ongoing project; Provide a justification which shows that these knowledge, skills, and abilities could not be acquired by another appointee within a reasonable amount of time}.
- (3) *Need for retention.* Mr. (or Ms.) \_\_\_\_\_ will retire (or resign if currently reemployed without a waiver) and refuses reemployment without this waiver. Consequently, {name of requesting agency} will lose Mr. (or Ms.) \_\_\_\_\_ services unless the waiver is granted.

(4) *Other staffing options.* The project work **Mr. (or Ms.)** \_\_\_\_\_ will perform cannot be assigned to other employees involved with the same project because **{explain why the work cannot be assigned to other employees involved with the same project}**

Sincerely,

{Name of requestor, and title}

Attachments (if any)

(Other Unusual Circumstances)

Honorable Linda M. Springer  
Director  
U.S. Office of Personnel Management  
Washington DC 20415

Dear Director Springer:

The {name of requesting agency} requests a dual compensation reduction (salary offset) waiver for Mr. (or Ms.) \_\_\_\_\_. This waiver will enable {name of requesting agency} to reemploy Mr. (or Ms.) \_\_\_\_\_ for work needed as a result of {describe the unusual circumstance} for which the individual's services are needed}. The {name of requesting agency} will appoint Mr. (or Ms.) \_\_\_\_\_ on a {indicate the appointing authority which the agency intends to use to reemploy the annuitant} appointment to {indicate the position the reemployed annuitant will have.}

The {name of requesting agency} is requesting this waiver under the criteria in 5 CFR 553.201(f) – "Requests based on other unusual circumstances." The criteria for approving a waiver for Mr. (or Ms.) \_\_\_\_\_ are met by the following information:

- (1) *The unusual circumstance.* {describe the unusual circumstance, when it first occurred, and the length of time your agency expects the unusual circumstance to last.}
- (2) *Relationship between the waiver request and the agency's mission.* {describe how the waiver request directly supports your agency's mission.}
- (3) *Why the unusual circumstance could not be avoided* {explain how or why the unusual circumstance could not have been avoided/anticipated/addressed prior to the waiver request.}
- (4) *Need for the individual's services.* Mr. (or Ms.) \_\_\_\_\_ {describe the knowledge, skills, and abilities possessed by the candidate that make him or her uniquely qualified for the position being filled or demonstrate that the number of positions to be filled or time-sensitivity of the work resulting from the unusual circumstance justifies making the appointment without further delay}

Sincerely,

{Name of requestor, and title}

Attachments (if any)



**(Delegation of Authority)**

Honorable Linda M. Springer  
Director  
U.S. Office of Personnel Management  
Washington, DC 20415

Dear Director Springer:

The **{name of requesting agency}** requests delegated dual compensation reduction (salary offset) waiver authority as a result of **{indicate the emergency or unusual circumstance for which the delegation of waiver authority is being requested.}**

The **{name of requesting agency}** is requesting this waiver under the criteria in 5 CFR 553.202 – “Request for delegation of authority to approve reemployment without reduction or termination of annuity in emergencies or other unusual circumstances.” The justification for delegation of waiver authority is as follows:

- (1) *Description of the situation(s) for which the authority is requested.* **{For emergencies - describe the military threat, natural disaster, or other unforeseen occurrence (e.g., an outbreak of pandemic influenza) for which the delegation is needed. Emergencies must involve direct threats to life or property. Describe how the emergency poses a direct threat to life or property. For unusual circumstances – describe the unusual circumstance, when it first occurred, the length of time your agency expects the unusual circumstance to last, and its impact on your agency’s ability to meet mission requirements. Explain how or why the unusual circumstance could not have been avoided/anticipated/addressed prior to the waiver request.}**
- (2) *Identification of the occupations, grades, and locations of positions that might be filled under this delegated authority.* **{Provide the list of positions by occupational series, grades, and geographic locations for which the agency is requesting the delegation of authority}:**
- (3) *Statement of expected duration.* **{Provide the expected duration of the reemployment the agency will approve under the delegation.}**

Sincerely,

**{Name of requestor and title}**