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 Request for when applicable). Crediting plan numbers are to be submitted for all Federal Wage System Certification of Eligibles for positions Original applications of eligible not selected for appointment should be attached and returned **Temporary Limited Positions** with appropriate documentation. Send this form to: Recruitment and Employee Benefits Branch Building 31, Room B3C-15 ICD ICD Request No. Date of Request Certificate No. Date Issued Number of Vacancies, Position Title, Series, Grade, Duty Location. List any selective factors. Tour of Duty: F/T If P/T, number of hours per pay period: and length of appointment (NTE) either: 1 year or Building/Room Signature of ICD Personnel Officer (or designee) (Čertifies that FPM Chapter 316 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.) Referral The following list of eligibles is provided in response to the above request: Veteran's Action* Name **EOD Date** Preference *Codes for "Action" Original applications of Selectel (For each selection provide NN - Not Selected/Not Contacted DG - Declined Grade eligibles NOT selected for the expected date of appointment) DP - Declined for position certified only DL - Declined Location appointment should be Communication Returned Unclaimed DZ - Declined for other Reasons DX - Declined Further attached and returned with FR - Failed to Reply DD - Declined Until a Later Date Consideration for appropriate documentation. NS - Not Selected DA - Declined Agency Federal Employment Signature of Issuing Officer, REBB Verification of Action Signature of ICD Personnel Officer (or designee)