

<b>NATIONAL INSTITUTES OF HEALTH</b>  <b>REQUEST FOR SPECIAL REPORT FROM TAPS</b> <b>(TDCS-ARMS PERSONNEL SYSTEM)</b>					SAB CONTROL #  <hr/> DATE																	
TO:	Systems and Actions Branch, DPM Building 31, Room B3C27				<b>INSTRUCTIONS</b>  This form is to be used for requesting special reports. References to specific data elements can be found in the NIH Manual 2300-292-1 Appendix 1.																	
FROM:	CERTIFICATION: This report is to be used for official business only and is to be protected under the provisions of the Privacy Act.		VALID DCRT ACCT NO.																			
	SIGNATURE		VALID DCRT INITIALS																			
	BLDG.	ROOM NO.	ORGANIZATION	TELEPHONE NO.																		
1. IMPORTANT:  DESCRIBE OFFICIAL PURPOSE FOR WHICH REPORT IS NEEDED																						
NOTE:	Describe the <i>format</i> you wish for the data on the reverse side (Item 6) or attach a layout or print of format desired.																					
2. IDENTIFY TYPE OF EMPLOYEE BY PAY PLAN AS INDICATED	FILL IN BOXES FOR ALL THAT APPLY:  <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Civil Service (General Schedule)</td> <td><input type="checkbox"/> PHS Commissioned Corps (CO)</td> </tr> <tr> <td><input type="checkbox"/> Civil Service (Federal Wage System)</td> <td><input type="checkbox"/> Visiting Scientists (AD)</td> </tr> <tr> <td><input type="checkbox"/> Senior Executive Service (ES)</td> <td><input type="checkbox"/> Visiting Associates (AD)</td> </tr> <tr> <td><input type="checkbox"/> Section 210(g) Employees (ST)</td> <td><input type="checkbox"/> Stay in School (GW, WW)</td> </tr> <tr> <td><input type="checkbox"/> Merit Pay System (GM)</td> <td><input type="checkbox"/> Summer Aid</td> </tr> <tr> <td><input type="checkbox"/> Staff Fellows (AD)</td> <td><input type="checkbox"/> All of the above</td> </tr> <tr> <td><input type="checkbox"/> Senior Staff Fellows (AD)</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Experts/Consultants (EE, EG)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Members, Committees, Advisory Council, Bd. Scientific Counselors (EI)</td> <td></td> </tr> </table>				<input type="checkbox"/> Civil Service (General Schedule)	<input type="checkbox"/> PHS Commissioned Corps (CO)	<input type="checkbox"/> Civil Service (Federal Wage System)	<input type="checkbox"/> Visiting Scientists (AD)	<input type="checkbox"/> Senior Executive Service (ES)	<input type="checkbox"/> Visiting Associates (AD)	<input type="checkbox"/> Section 210(g) Employees (ST)	<input type="checkbox"/> Stay in School (GW, WW)	<input type="checkbox"/> Merit Pay System (GM)	<input type="checkbox"/> Summer Aid	<input type="checkbox"/> Staff Fellows (AD)	<input type="checkbox"/> All of the above	<input type="checkbox"/> Senior Staff Fellows (AD)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Experts/Consultants (EE, EG)		<input type="checkbox"/> Members, Committees, Advisory Council, Bd. Scientific Counselors (EI)	
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3. ORGANIZATION AND AREA TO BE INCLUDED	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> NIH Wide</td> <td><input type="checkbox"/> NIH Metropolitan Area</td> </tr> <tr> <td><input type="checkbox"/> ICD (Specify Name of) _____</td> <td><input type="checkbox"/> NIH Non Metropolitan Area</td> </tr> </table>				<input type="checkbox"/> NIH Wide	<input type="checkbox"/> NIH Metropolitan Area	<input type="checkbox"/> ICD (Specify Name of) _____	<input type="checkbox"/> NIH Non Metropolitan Area														
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4. ORDER IN WHICH DATA IS TO BE SORTED	Indicate data element you want used to sort (or list) the data (i.e., the order in which you want data to appear). For example, a listing can be sorted alphabetically, or by grade, series, pay plan, or whatever you wish. Please indicate below. Multiple sorts are not required but may be requested.  First sort _____ Third sort _____  Second sort _____ Fourth sort _____																					
5. NUMERICAL CODE USED TO IDENTIFY POSITIONS	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 1 - Full-Time Permanent</td> <td><input type="checkbox"/> 5 - Intermittent (Per Diem)</td> </tr> <tr> <td><input type="checkbox"/> 2 - Full-Time Temporary</td> <td><input type="checkbox"/> 6 - Intermittent (Per Hour)</td> </tr> <tr> <td><input type="checkbox"/> 3 - Part-Time</td> <td><input type="checkbox"/> 7 - WOC (Without Compensation)</td> </tr> <tr> <td><input type="checkbox"/> 4 - Intermittent (Per Annum)</td> <td><input type="checkbox"/> All of the Above</td> </tr> </table>				<input type="checkbox"/> 1 - Full-Time Permanent	<input type="checkbox"/> 5 - Intermittent (Per Diem)	<input type="checkbox"/> 2 - Full-Time Temporary	<input type="checkbox"/> 6 - Intermittent (Per Hour)	<input type="checkbox"/> 3 - Part-Time	<input type="checkbox"/> 7 - WOC (Without Compensation)	<input type="checkbox"/> 4 - Intermittent (Per Annum)	<input type="checkbox"/> All of the Above										
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6. DRAW OR SHOW DESIRED FORMAT USING HEADINGS AND DATA ELEMENTS YOU WISH PRINTED

7. REPORT PRODUCTION CYCLE

Would like Report by: \_\_\_\_\_

One Time Only

OR

Recurring Every \_\_\_\_\_

OR

Recurring as Requested  (NOTE): If this Report may be needed again, please check this column.

8. NOTE ANY SPECIAL INSTRUCTIONS HERE. SUCH AS, DATE OF PERIOD YOU WISH REPORT TO COVER, ETC.

9. NO. OF COPIES

10. JUSTIFICATION FOR RECURRING REPORTS:

11. FOR SAB USE ONLY

CONTROL NUMBER

PRIORITY

COST

DATE RECEIVED

PROGRAMMER

PROGRAMMING TIME

DATE COMPLETED