

<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 Clearance <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 type="checkbox"/> Term <i>(Provide authority in Remarks)</i>
---	---

13. Full Performance Level Potential	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 _____ Hours Per Week <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.)*

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 positions(s) indicated above.  
 Applications of persons recruited should be FORWARDED WITHIN 30 DAYS OF DATE ISSUED OR BY \_\_\_\_\_
- Authority is granted to fill the position(s) identified above under OPM Reg. 316.402(A) based on insufficiency of the register. *(See FPM Ch. 333.)*

**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 returned.

<input type="checkbox"/> <b>We Desire Further Certification For The Following Number Of Vacancies:</b>	Date Signed
Signature and Title of Appointing Officer	

<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 Clearance <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: <input checked="" type="checkbox"/> <i>(Provide justification in Remarks)</i> <input type="checkbox"/> Term <i>(Provide authority in Remarks)</i>
---	---

13. Full Performance Level Potential	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 _____ Hours Per Week <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.)*

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 positions(s) indicated above. Applications of persons recruited should be FORWARDED WITHIN 30 DAYS OF DATE ISSUED OR BY \_\_\_\_\_

Authority is granted to fill the position(s) identified above under OPM Reg. 316.402(A) based on insufficiency of the register. *(See FPM Ch. 333.)*

**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 returned.

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

Signature and Title of Appointing Officer	Date Signed
---	-------------

<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 Clearance <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: <input checked="" type="checkbox"/> <i>(Provide justification in Remarks)</i> <input type="checkbox"/> Term <i>(Provide authority in Remarks)</i>

13. Full Performance Level Potential	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 _____ Hours Per Week <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.)*

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 positions(s) indicated above.  
 Applications of persons recruited should be FORWARDED WITHIN 30 DAYS OF DATE ISSUED OR BY \_\_\_\_\_

Authority is granted to fill the position(s) identified above under OPM Reg. 316.402(A) based on insufficiency of the register. *(See FPM Ch. 333.)*

**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 returned.

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

Signature and Title of Appointing Officer	Date Signed
---	-------------

<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 Clearance <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: <input checked="" type="checkbox"/> <i>(Provide justification in Remarks)</i> <input type="checkbox"/> Term <i>(Provide authority in Remarks)</i>

13. Full Performance Level Potential	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 _____ Hours Per Week <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.)*

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 positions(s) indicated above.  
 Applications of persons recruited should be FORWARDED WITHIN 30 DAYS OF DATE ISSUED OR BY \_\_\_\_\_ →
- Authority is granted to fill the position(s) identified above under OPM Reg. 316.402(A) based on insufficiency of the register. *(See FPM Ch. 333.)*

**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 returned.

<input type="checkbox"/> <b>We Desire Further Certification For The Following Number Of Vacancies:</b>	Date Signed
Signature and Title of Appointing Officer	

# Instruction And Information For Agency Selecting And Appointing Officials

## General

The information on certificates of eligibles is for United States Government use only. Treat certificates, including qualification statements and other attached papers, as privileged information. Return certificates to the issuing office **BY THE EXPIRATION DATE**.

When *Authority to Recruit* is granted (*Section II*), forward the applications of all persons recruited to the issuing office **WITHIN 30 DAYS OF DATE ISSUED**. Eligible applicants will be certified without further request. If an incomplete certificate is enclosed, all eligibles listed on it will be considered concurrently with applicants recruited under this authority.

Authority granted under OPM Regulation 316.402(A) (*Section II*) is used only after proper consideration is given to all eligibles on any certificate which is outstanding or issued prior to the expiration of the authority. The

authority is automatically cancelled (*except for use in connection with commitments already made*) when you receive a complete certificate of eligibles for the position(s). In any case, the authority expires **WITHIN 30 DAYS OF DATE ISSUED**. When making appointments under the authority, you must adhere to the procedures and standards in Chapter 333 of the Federal Personnel Manual and in any outstanding Office of Personnel Management letters, agreements, etc. Include any additional requirements under "Remarks".

Selections from certificates must be made in compliance with Title 5, United States Code, Section 3318 and other pertinent sections; and, any regulations issued by the Office of Personnel Management. See the Federal Personnel Manual (*FPM*) for further instructions-including FPM Supplement 296-33, which covers required pre-appointment checks.

---

## Explanation of Key Terms and Footnotes

The following key terms may appear adjacent to eligibles listed:

**CPS**-Compensable disability preference of 30% or more  
**CP**-Compensable disability preference  
**XP**-10-point veteran preference  
**TP**-Tentative preference  
**NV**-Non veteran

The Office of Personnel Management places footnotes or remarks beside a particular eligible's name on a certificate or on the eligible's qualifications statement, to convey information about that person and, as appropriate, to alert the installation to necessary actions.

**1. COMP OF EDUC RQRD** - Many examinations recognize students within 9 months of completing their education as tentatively qualified. Therefore, such eligibles may not enter on duty until they provide proof of completion of required education to the appointing officer.

**2. SUPERIOR ACADMC ACHVMNT** - An eligible who qualifies based on claim of meeting superior academic achievement criteria of certain examinations. Agency must verify such academic achievement at the time of selection.

**3. CERT OF PROF CLAIMED** - Indicates an eligible who claims typing and/or stenographic proficiency. Agency must verify such claims at time of selection.

---

## Reporting

Report appropriate action symbols in the far left column of the certificate on the same line as name of each eligible considered. Action symbols for use in reporting are listed below:

### Declinations:

**DA**-Declined Agency  
**DD**-Declined Until a Later Date  
**DE**-Declined Examination Program  
**DG**-Declined Grade  
**DL**-Declined Location  
**DP**-Declined for the Position Certified Only  
**DX**-Declined Further Consideration for Federal Employment  
**DZ**-Declined for Other Reasons

### Agency Objections:

(*Under Delegated Authority or Sustained by OPM*)

**RM**-Removed from Certificate-Medical (*FPM Chapter 339-S3*)  
**RS**-Removed from Certificate-Suitability (*FPM Chapter 731*)  
**RQ**-Removed from Certificate-Not Qualified (*FPM Chapter 332-S4*)

### Others:

**A**-Selected (*For each selection provide the expected date of appointment.*)  
**CR**-Communication Returned Unclaimed  
**FR**-Failed to Reply  
**NC**-Appointed by Non-Competitive Action  
**NS**-Not Selected  
**NN**-Not Selected-Not Contacted  
**\*CE**-Career or Career-Conditional Employee  
**\*TE**-Temporary (*or Indefinite*) Employee

\*Already serving under the same appointing officer, in the same type position, in the same (*or higher*) grade, at the same duty location, and under the same (*or preferable*) type of appointment as that for which this certificate was issued. When these symbols are used, Title of Position, Grade and Duty Location must be listed as evidence that all of the above conditions are present.

---

## Distribution of Copies

**Original** - Returned to Issuing Office.

**Copy 1** - Retained by Requesting Office when action on certificate or authority is completed by agency.

**Copy 2** - Retained by Issuing Office when certificate or grant of authority is sent to Requesting Office.

**Copy 3** - Retained by Requesting Office when submitting SF 39.

The Office of Personnel Management encourages installations to notify schools above high school level when a student or recent graduate is selected for career appointment (*FPM Chapter 332, B-11*).

SF 39 Back (Rev. 11/88)