

INSTRUCTIONS FOR THE DS-1990

I. The DS-1990 form is a two-part form used to document and process short-term hires to perform personal services for periods NTE 30 days. No additional forms are required.

II. Posts must ensure the availability of funds prior to initiating a PSA-Ltd employment action in the current fiscal year (FY) as applicable, through September 30. PSA-Ltd employment actions may not extend beyond the end of the fiscal year. If there is a continuing need for the work to be performed, whereby the same PSA-Ltd extends to the next fiscal year, post may authorize a new PSA-Ltd employment action at the beginning of the new fiscal year. The Government's obligation for certification of the PSA-Ltd for the next FY is contingent upon the availability of funds from which payment can be made. No legal liability on the part of the Government for any payment may arise for employment under the PSA-Ltd beyond the end of the fiscal year until funds are made available to the Personnel Officer (or designee) for employment and until the PSA-Ltd employee receives notice of the availability, to be confirmed in writing (DS-1990) by the Personnel Officer (or designee).

III. The DS-1990 form, must be completed with an original and three (3) copies for distribution as designated on the bottom of page one. The DS-1990 may also be photocopied. Original signatures are only required on the original and supervisor's copy. Specific instructions are as follows:

SECTION A - EMPLOYEE DATA

Provides employment and position data pertaining to the PSA-Ltd hire.

1. Employee's Name: Employee's name in full.
2. Agreement Number: Post should establish a numbering system which is separate from the PSA/PSC numbering system.
3. Position Title: As designated in Part E - above covering classification, or in accordance with the classification system (3 FAH-2, chapter 400).
4. Series Code: A three or four digit code identifying the occupation series to which a job is classified (see part E above or 3 FAH-2 chapter 400).
5. Grade of Position: The FSN grade of the position (see Part E above or 3 FAH-2, chapter H-400).
6. Hourly Rate of Pay: Set at or lower than the basic rate established in the employing post's local compensation plan of step one of the FSN grade.
7. Post: Name of employing foreign service post.
8. Period Covered: Authorized starting and ending employment dates.
9. Work Schedule: State work days if scheduled to work other than Mon-Fri (e.g., specific days per/wk or per/pay period).
10. Work Hours: Total number of hours or schedule of hours to be worked during the period covered in number 8, only if more or less than eight hours/day. Work performed outside of post's normal work hours may require premium pay (e.g., night differential).
11. Security Level: Check appropriate security designation for assigned work.
12. U.S. Citizen or Permanent Resident Alien: Check appropriate citizen status and corresponding box to confirm status. U.S. citizens are not eligible for PSA-Ltd hire. They may only be employed as direct-hire (PIT, FMA), or USPSCs.

13. Duties to be Performed: Provide brief description of major duties of the position.

14. Remarks: Check appropriate designation for premium pay, and provide any information which is significant to the position or position function.

15. Authorizing and Employee Signatures: The agreement must be validated and signed by the personnel officer or a designated authorizing official. The employee also signs to verify the agreement.

SECTION B - AVAILABILITY OF FUNDS

Certifies that funds are available for payment of PSA-Ltd services for the hours worked during the designated work period.

16. Funding Information: FMO provides fiscal data or fund cite for obligation of funds.

The Funds Control Officer (FCO) signature, certifies that funds are available for payment of PSA-Ltd services for the duration of employment. The FCO must certify funds availability prior to signature of the Personnel/Admin Officer and the employee. Since funds must be obligated in advance, any service period which includes or extends into the next FY must end on September 30 and start anew beginning October 1 (See item II).

SECTION C - RECORD OF HOURS WORKED

This section of the DS-1990 is used unless, repeat unless post has another type of form which is used to certify days and hours worked. The Supervisor records and certifies the work schedule and calculates the hours worked for the duration of the work term.

*The agreement must be signed and dated by the Personnel Officer or other designated authorizing official (U.S. Official) designated to perform personnel functions (e.g., Admin, GSO, and RSO).



PSA - LIMITED PERSONAL SERVICES AGREEMENT TIME AND ATTENDANCE RECORD, AND PAYMENT VOUCHER

This Agreement is between the person named in Section A, Item 1 (the "Employee") and the Department of State post named in Section A, Item 7 (the "Government"). The authority for this Agreement is 22 U.S.C. 2669(C). The Employee agrees to perform the duties listed below in Item 13. For the performance of these services, the employee shall be paid at the hourly rate stated below. This Agreement may be terminated by either party without notice. No part of this Agreement is assignable by the employee to a Third Party. Any local taxes that may be assessed against this Agreement shall be payable by the employee without recourse to the Government.

SECTION A - EMPLOYEE DATA

1. Employee's Name (Last, First, MI.)			2. Agreement Number	
3. Position Title	4. Series	5. Grade of Position	6. Hourly Rate of Pay	
7. Post	8. Period Covered From (mm-dd-yyyy) _____ To (mm-dd-yyyy) _____			
9. Work Schedule			10. Work Hours (8 hrs per day unless otherwise stated)	
11. Security Level: <input type="checkbox"/> Non-Sensitive <input type="checkbox"/> Sensitive/RSO Certification <input type="checkbox"/> Classified Access Required				
12. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Duties to be Performed				
14. Remarks (Premium Pay authorized per Local Compensation Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No				

 Authorizing Official Signature/Title Date (mm-dd-yyyy) _____
 Employee's Signature Date (mm-dd-yyyy)

** In the absence of an Employee signature on this Agreement, the Authorizing Official warrants that the Employee has been advised of the terms of this Agreement.*

SECTION B - AVAILABILITY OF FUNDS

15. Fiscal Data	
_____	_____
Funds Control Officer	Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

The Foreign Service Act of 1980 (22 U.S.C. 3921 and 4003) authorizes the collection of information on this form. The form will be used as a basis to document and certify basis work agreement(s) including authorization for pay determination. The information may be disclosed to appropriate DOS officials having a need to know, as well as the appropriate authorities of the courts when the Government is party to a suit or a otherwise legally required.

1) Finance Copy 2) Personnel Office 3) Employee's Copy 4) File Copy

Employee's Name (Last, First, MI.)

Agreement Number

SECTION C - RECORD OF HOURS WORKED

Work Day	Date (mm-dd-yyyy)	Begin	End	Hours	Regular Pay	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Total						

Certified Accurate:

Supervisor

Date (mm-dd-yyyy)