Request For Referral Of Eligibles	Signature of Issuing Officer	(OPM Use Only)	2. Certificate No.		
(See Instructions On Back)			3. DEP/IPAP Clearance YES	4. Date Issued	
	I. AGENCY REQUEST		TES		
5. Department or Agency Name	7. Bureau or Field Establishme		8. Agency Request Number		
6. Department or Agency Organization Code			9. Date of Request		
10. Submit Request To:11. Number of Vacancies, Position Title, Series Code, G	Grade, <i>(Salary, If Ungraded)</i> Nai	me of Duty Location	Submit this request office which has just work location named special prior agreement with the Management. 12. Type of Appointing Career or Career Temporary NTE: (Provide justification	urisdiction over the d in item 11, unless seement has been Office of Personnel ment -Conditional	
13. Full Performance Level Potential 14. Date SF 52 Init 17. Indicate maximum number of nights per month the appointed person wirequired to be away from home in a travel status Not at all 1 to 5 6 to 10 19. Date Applicants Available Immediately Full-Time Employr	YES 118. Does request relate solel agency merit promotion Yes Part-Time Employment	y to requirements of the program?	16. Other Conditions (Shift, Seasonal,		
By (date): Intermittent Emplo 21. Remarks (Any special qualification desired should be	· · · · · · · · · · · · · · · · · · ·				
22. Address Where Certificate Is To Be Sent:		23. For Further Info	ormation Contact (Nam Name and Title)	e and Telephone No.)	
II. CERTIFICATI To Requesting Office:	ON (Please Review Instruct	ions On Back Of I	Form)		
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Authority is granted to fill the position(s) identified a	above under OPM Reg. 316.402	(A) based on insuff	iciency of the register.	(See FPM Ch. 333.)	
For Information Concerning This Certificate Contact:					
To Issuing Office: Report on certificate is submitted an We Desire Further Certification for the Following Nu				ointment are returned	
Signature and Title of Appointing Official			Date Signed		
Original			ALITHORIZED EOD	LOCAL REPRODUCITON	

General

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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.

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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 RORD** 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 ARCVMNT 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.

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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
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- DL Declined Location
- **DP** Declined for the Position Certified Only
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- DZ Declined for Other Reasons

Agency Objections:

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- 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
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- 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.

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(See Instructions On Back) 1. AGENCY REQUEST 5. Department or Agency Name 7. Bureau or Field Establishment 8. Agency Request Number 9. Date of Request 10. Submit this request to the examining office which has jurisdiction over the work location name them 11, unless special growth as been received with the Office of Personnel 11. Number of Vacancies, Position Title, Series Code, Grade, Gulley, If Ungraded) Name of Duty Location 12. Type of the examining office which has jurisdiction over the work location name them 11, unless special growth part of them than the series special growth as been received with the Office of Personnel 11. Number of Vacancies, Position Title, Series Code, Grade, Gulley, If Ungraded) Name of Duty Location 12. Type of Operation Temporary NTE (Provide patients) in Remarks) 13. Full Performance Level Potential 14. Date SF 52 Initiated 15. Full Performance Level Potential 15. Type of Vacancies, Position Title, Series Code, Grade, Gulley, If Ungraded) Name of Duty Location 12. Type of Commerce Conditional Temporary NTE (Provide patients) in Remarks) 15. Full Performance Level Potential 16. Date of Request 17. Full Performance Level Potential 18. Date of Request 19. Date o	Request For Referral Of Eligibles					2. Certificate No.			
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5. Department or Agency Name 6. Department or Agency Organization Code 7. Submit Request To: 8. Agency Request Number 9. Date of Request 10. Submit Request To: 9. Submit Reques				AGENCY REQUES	ST	TES			
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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 (Name and Telephone No.) 24. Approved By (Name and Title) 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 position(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 Official	17. Indicate maximum number of nights per mor required to be away from home in a travel st. Not at all 1 to 5 19. Date Applicants Available	th the appointed person watus 6 to 10 20. Work Schedule	vill be 11 or more e	YES 18. Does request relate so agency merit promotion Yes Part-Time Employing	olely to requirements of the program?	17. 16. Other Conditions (Shift, Seasonal,	of Employment		
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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 (Name and Telephone No.) 24. Approved By (Name and Title) 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 position(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 Official	17. Indicate maximum number of nights per mor required to be away from home in a travel st. Not at all 1 to 5 19. Date Applicants Available	th the appointed person watus 6 to 10 20. Work Schedule	vill be 11 or more e	YES 18. Does request relate so agency merit promotion Yes Part-Time Employing	olely to requirements of the program?	17. 16. Other Conditions (Shift, Seasonal,	of Employment		
22. Address Where Certificate Is To Be Sent: 23. For Further Information Contact (Name and Telephone No.)	By (date):	Intermittent Empl	oyment	Other (Specify):					
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 position(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 Official Date Signed	22. Address Where Certificate Is To	o Be Sent:					ne and Telephone No.)		
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Signature and Title of Appointing Official Date Signed		cate is submitted ar	nd original	applications (and at			pointment are returned		
Original ALITHORIZED FOR LOCAL REPRODUCITION				t additional.		Date Signed			
	Original					ALITHODIZED 500	LOCAL DEPROPUSITORS		

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 RORD** 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 ARCVMNT 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 comleted 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.