

SERVICE CREDIT for ENHANCED LEAVE ACCRUAL

Request Worksheet



Selectee Name: _____ MTF/Center: _____
 Position Title: _____ Directorate/Division: _____
 Pay Plan: _____ Series: _____ Grade: _____ Step: _____ Department/Service/Branch: _____
 Hiring Manager: _____
 Email: _____
 Telephone: _____
 RPA # (if applicable): _____

Proposed # of Years Credited:	Proposed Leave Accrual Rate:
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If any answer below is "No," the Service Credit cannot be approved.

- | | | |
|---|-----|---|
| 1. Are the skills and experience of the employee necessary to achieve an important agency mission or performance goal? | YES | NO |
| 2. Have the skills and experience of the employee been acquired through performance in a non-Federal, Military Service or volunteer position having duties that directly relate to the duties of the position to which the employee is being appointed? | YES | NO |
| <ul style="list-style-type: none"> • Factors Considered (Please select all that apply) | | |
| Candidate has special qualifications needed to meet mission requirements | | Desirability of the duties, work or organization environment, or geographic location of the position |
| Significant differences in the Federal and non-Federal salaries for the skills and competencies required in the position to be filled | | Importance/criticality of the position to be filled and the effect on the agency or mission if the position is not filled |
| Recent turnover in the same or similar positions | | Success of recent recruitment efforts involving similar positions |

Attach the Required Documents and Justifications to this Request Worksheet

- Required Documents:**
- Candidate's Resume (must show significant non-Federal experience that is directly applicable to the requirements of the position)
 - Candidates written justification showing the number of years and months of work experience comparable to the position's duties
 - Position Description and Vacancy Announcement of the job being filled
 - SF-144A
 - DD214 (Member 4 Copy) -Prior Military Only
 - Disapprovals by RM. when requesting reconsideration, require written justification through RM to approving official to be attached and forwarded to CHRC

CHRC Validation of Eligibility
Valid Invalid
Print Name: _____
Title/Rank: _____
Signature: _____

Nominating Supervisor
Valid Invalid

Second Level Approver (Optional)
Approved Disapproved

Final Level Approver
Approved Disapproved

Print Name: _____
 Title/Rank: _____
 Signature: _____

Print Name: _____
 Title/Rank: _____
 Signature: _____

Print Name: _____
 Title/Rank: _____
 Signature: _____