



REQUEST FOR APPROVAL TO APPOINT A RECENTLY RETIRED MEMBER OF THE ARMED FORCES TO
A CIVILIAN POSITION WITHIN 180 DAYS OF RETIREMENT

Instructions: Submit this completed form to the NCR MD Personnel Branch along with all required supporting documentation prior to final job offer of civilian employment to a recently retired member of the Armed Forces.

Section A. Information about the proposed appointee

Name of selectee:

Date of military retirement:

Branch of Armed Forces at time of retirement:

Position title at time of retirement:

Rank at time of retirement:

Pay grade at time of retirement:

Appointing Authority to be used:

Section B. Information about the position

Position title:

Position series/grade:

Position Number:

Date position established:

Date last occupied:

UIC:

Position organization/location:

Position is: Permanent Term Temporary

Position converted from military to civilian status?

Yes

No

If yes, Date of conversion:

Reason for conversion (attach additional page(s), as needed):

Was the proposed appointee the last military occupant of the position?

Yes

No

Not Applicable (i.e., not converted)

Section C. Hiring Official Statement

Efforts to fill this position have been continuous since it became vacant /was established.

Yes

No

If no, explain recruitment delay(s):

Appropriate placement and promotion procedures were followed.

Yes

No

If no, explain exception(s):

Hiring Official Name (print):

Title:

Hiring Official Signature:

Section D. Justification

Describe how the proposed appointee is **superior** to EACH of the other applicants considered. Attach additional page(s), as needed.



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Section E. Supporting documentation to be included in the request package

| | |
|--|--------------------------|
| Signed Authorization Request Action Memo. | <input type="checkbox"/> |
| NCR MD Personnel Branch Coordination and any required organizational endorsements. | <input type="checkbox"/> |
| Completed Request Form. | <input type="checkbox"/> |
| Copy of DD 214, Statement of Service, or other DoD document verifying status. | <input type="checkbox"/> |
| Copy of application or résumé submitted by the proposed appointee to apply for the position. | <input type="checkbox"/> |
| Copy of current position description. | <input type="checkbox"/> |
| Copy of all notices, in addition to the USA Staffing announcement, used to publicize the vacancy. | <input type="checkbox"/> |
| Copy of Standard Form (SF) 52, Request for Personnel Action (RPA) or equivalent. | <input type="checkbox"/> |
| Copy of USA Staffing vacancy announcement with assessment questionnaire showing any selective placement factor(s) or quality ranking factor(s) used. | <input type="checkbox"/> |
| Copy of the certificate of eligibles on which the proposed appointee's name appears. (if applicable) | <input type="checkbox"/> |
| Signed Hiring Official Fair and Open Competition Certification. | <input type="checkbox"/> |

For Director of Resources Use Only

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|------------------------|------------------------|-------|
| Reviewer Name (print): | Reviewer Signature: | |
| Position Title: | Position series/grade: | |
| Email: | Tel: | Date: |

For Director/Chief of Staff Use Only

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|-------------------------|------------------------|-------|
| Submitter Name (print): | Submitter Signature: | |
| Position Title: | Position series/grade: | |
| Email: | Tel: | Date: |

For NCR MD Personnel Branch Use Only

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|------------------------|------------------------|-------|
| Reviewer Name (print): | Reviewer Signature: | |
| Position Title: | Position series/grade: | |
| Email: | Tel: | Date: |

For NCR MD Approval Authority Use Only

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|--|----------------|-------------|
| NCR MD Approval Authority (Circle one): | APPROVE | DENY |
|--|----------------|-------------|

REMARKS:

| | |
|----------------------------------|-----------------|
| Approval Authority Name (print): | Position Title: |
| Approval Authority Signature: | Date: |