

SF-52

REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)**

1. Actions Requested Recruitment		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number										15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis								
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay	14. Name and Location of Position's Organization				22. Name and Location of Position's Organization							

**EMPLOYEE DATA**

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%				24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		25. Agency Use <input type="checkbox"/>		26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. FEGLI <input type="checkbox"/>				28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>			
30. Retirement Plan <input type="checkbox"/>			31. Service Comp. Date (Leave) <input type="checkbox"/>		32. Work Schedule <input type="checkbox"/>		33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>		

**POSITION DATA**

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career		35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		36. Appropriation Code <input type="checkbox"/>		37. Bargaining Unit Status <input type="checkbox"/>	
38. Duty Station Code <input type="checkbox"/>				39. Duty Station (City, County, State or Overseas Location) <input type="checkbox"/>			

40. Agency Data		41.	42.	43.	44.		
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status <input type="checkbox"/>	51. Supervisory Status <input type="checkbox"/>

**PART C - Reviews and Approvals (Not to be used by requesting office.)**

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature \_\_\_\_\_ Approval Date \_\_\_\_\_

# PD COVERSHEET

FORM CD-516  
(1-94) LF  
DAO 202-430

U.S. DEPARTMENT OF COMMERCE

NEW  
 I/A: \_\_\_\_\_  
MR#: \_\_\_\_\_  
IP#: \_\_\_\_\_

## CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD

• Performance Plan    • Performance Appraisal    • Performance Recognition    • Progress Review    • Position Description

Employee's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Title: \_\_\_\_\_

Pay Plan, Series, Grade/Step: \_\_\_\_\_

Organization: 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

Rating Period: \_\_\_\_\_

Covered By:  Senior Executive Service     Other \_\_\_\_\_  
 General Workforce

### PART A—POSITION DESCRIPTION

**POSITION CERTIFICATION**—I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

<b>SUPERVISOR'S SIGNATURE</b>	DATE	<b>SECOND LEVEL SUPERVISOR</b>	DATE

<b>CLASSIFICATION CERTIFICATION</b>	OFFICIAL TITLE: _____				
	PP: _____	SERIES: _____	FUNC: _____	GRADE: _____	I/A: <input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER	SIGNATURE	DATE

### PART B—PERFORMANCE PLAN

**This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.**

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL	SIGNATURE	DATE

**APPROVAL**—I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY	SIGNATURE	DATE

<b>EMPLOYEE ACKNOWLEDGEMENT</b> —My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.	SIGNATURE	DATE

**PRIVACY ACT STATEMENT**—Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

- Required portions to BE completed

# MASTER RECORD/INDIVIDUAL POSITION DATA

CD-516

A. KEY DATA					
1. FUNCTION (1) A/C/D/I/R	2. DEPT. CD/AGCY-BUR CD (4)	3. SON (4)	4. MR NO (6)	5. GRADE (2)	6. IP NO (8)

B. MASTER RECORD													
1. PAY PLAN (2)		2. OCC SER (4)		3. OCC FUNC CD (2)		4. OFF TLE-PF/CD/SF (6) PFX TITLE CD SFX			5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)				
6. HQ/FLD CD (1) 1=HQ 2=FLD		7. SUPV CD (1) 1=SUPV SGE 2=SUPV GSSG 3=MGR SGE 4=SUPV CSRA			5=MGT CSRA 6=LDR LGE 8=ALL OTHERS		8. CLASS STD CD (1) X=NEW STD BLANK=N/A		9. INTERDIS CD (1) N=NO Y=INTERDIS		10. DATE CLASS (6) MO DAY YEAR		
11. EARLY RET CD (1) 1=PRIMARY 2=SECONDARY		3=FOREIGN SVC BLANK=N/A		12. INACT/ACT (1) A=ACTIVE I=INACTIVE		13. DT ABOL (6) MO DAY YEAR			14. DT INACT/REACT (6) MO DAY YEAR			15. AGCY USE (10)	
16. INTERDIS SERIES (40) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)													
17. INTERDIS-PF/CD/SF (50) (32 W/ PF OR SF) (26 W/ PF AND SF) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)													

C. INDIVIDUAL POSITION																					
1. FLSA (1) E=EXEMPT N=NONEXEMPT		PAY TBL (6)		2. FIN DS (1) 0=NONE 3=SF-278 4=SF-450		PROC INTG (1) Y=YES N=NO		3. POS SCHED (1) A=SCH A B=SCH B C=SCH C		0=EXCEPTED BUT NOT A,B,C		4. POS SENS (2) 1=LOW RISK 2=NONCRIT/SENS 3=CRIT/SENS 4=SPECIAL SENS 5=MOD RISK 6=HIGH RISK		C=ADP N=NON-ADP		4A. DRUG TS (1)					
6. WK TITLE CD (4)				7. WK TITLE (38)										5. COMP LVL (4)							
8. ORG STR CD (10) (1st) (2nd) (3rd) (4th) (5th) (6th) (7th) (8th)								9. VAC REV CD (1) 0=POSN ACTION NO VACANCY A=NO CHANGE						B=LOWER GRADE C=HIGHER GRADE				D=DIFFERENT TITLE AND/OR SERIES E=NEW POSN/NEW FTE			
10. TARGET GRADE (2)		11. LANG REQ (2)		12. PROJ DUTY IND (1) BLANK=N/A Y=YES		13. DUTY STATION (9) ST (2) CITY (4) CNTY (3)			14. BUS CD (4)		15. DT LST AUDIT (6) MO DAY YEAR			16. PAS IND/LEO (1) BLANK=N/A 1=PAS A=LEO		17. DATE-EST (6) MO DAY YEAR					
18. GRADE BASIS IND (1) 1=REV WHEN VACANT 2=IMPACT OF PERSON 3=SUP/GSSG						4=SUP/PROGRAM 5=RGEG 6=POLICY ANAL GEG			7=EQUIP DEV GUIDE			19. DT REQUEST RECD (6) MO DAY YEAR			20. NTE DATE (6) MO DAY YEAR			21. POS ST BUD (1) Y=PERM N=OTHER			
22. MAINT REV/CLASS ACT CD (2) (1ST DIGIT=ACTIVITY AND 2ND DIGIT=RESULTS)																					
ACTIVITY 1=AUDIT (COUNTED TOWARDS MAINTENANCE REVIEW) 2=OTHER ACTIVITY				RESULTS 1=NO ACTION REQUIRED 2=MINOR PD CHANGE 3=NEW PD REQUIRED				4=TITLE CHANGE 5=SERIES CHANGE 6=POSN UPGRADE				7=POSN DOWNGRADE 8=NEW POSN 9=OTHER									
23. DATE EMP ASGN (6) MO DAY YEAR			24. DATE ABOL (6) MO DAY YEAR			25. INACT/ACT (1) A=ACTIVE I=INACTIVE		26. DATE INACT/REACT (6) MO DAY YEAR			27. ACCTG STAT (4)		28. INTASGN SER (4)		29. AGENCY USE (8)						
30. PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE											31. DATE										

32. REMARKS

**NOTE:** IF you have BEEN Filling in more info. than what's INOICATED BY the highlighted areas, you are FREE to CONTINUE to do that...

CD-79

FORM CD-79  
(REV. 7/31/99)  
(PRESCRIBED BY  
DOA 207-4)

U.S. DEPARTMENT OF COMMERCE

PRIMARY UNIT

# REQUEST FOR SECURITY CLEARANCE

**INSTRUCTIONS:** This form is to be prepared and submitted for each security clearance requested as required under Department Administrative Order 207-4.

DATE

It is requested that eligibility be granted for access to information and material classified up to and including:

(CHECK ONE)

SECRET

TOP SECRET

STATUS

APPLICANT  CONTRACTOR

EMPLOYEE  CMTE MEMBER

NAME

POSITION

SERIES

SOCIAL SECURITY NO.

DATE OF BIRTH

GRADE

JUSTIFICATION

POSITION SENSITIVITY

REQUESTED BY (Signature)  
(SUPERVISOR)

DATE

TYPED OR PRINTED NAME AND TITLE

CONCURRENCE (Signature)  
(SECURITY OFFICER)

DATE

TYPED OR PRINTED NAME AND TITLE



**3. EVALUATION CRITERIA (For use with Quick Hire)**

Job Announcement Questions Attached: **(with ID Numbers included identifying questions if the QuickHire Question Library was used to get the questions)** \_\_\_\_\_

Specific duties statement and position summary used to advertise: **(also send electronically)** \_\_\_\_\_

**4. SPECIAL CONDITIONS OF EMPLOYMENT**

\_\_\_\_ Frequent Overtime

\_\_\_\_ Frequent Travel (domestic and/or foreign)

\_\_\_\_ Unusual tour of duty or part-time (please specify)

\_\_\_\_ Special permit(s), license(s) required

\_\_\_\_ Other: Explain - \_\_\_\_\_

\_\_\_\_\_

**5. JOB SUMMARY (a marketing tool to attract candidates to your organization)**

**6. MAJOR DUTIES STATEMENT (for the vacancy announcement)**

**Administrative Contact (Name and phone #):** \_\_\_\_\_

**Selecting Official (Name and phone #):** \_\_\_\_\_

**Special Comments/Requests:** \_\_\_\_\_  
\_\_\_\_\_

## JOB ANALYSIS

Job Title, Series, Grade/Bands(s): \_\_\_\_\_

DUTIES	KSAs	Questions	ACES Question Type	Question Weight	Mandatory screen out YES NO
What are the four to five major duties to be performed on this job?	For each duty, what KSA's are required to perform this?	Please list questions related to the KSA.	Y/N, T/F, AA, MC, MC/MA, LA, SA)	Use a point Scale of 100	
			Pls see your specialist if you have questions on this	Pls see your specialist if you have questions on this	

