

# NOMINATION FOR FEDERAL EMPLOYMENT

NAME		SSAN	DOB
VA #	<input type="checkbox"/> PERMANENT <input type="checkbox"/> INDEFINITE <input type="checkbox"/> TEMPORARY NTE _____		
POSITION TITLE	PAY PLAN, SERIES, GRADE	POSITION DESCRIPTION NUMBER	PARA/LINE or FAC/MPCN
M-DAY ORGANIZATION	MILITARY GRADE/TITLE	MOS/AFSC	MILITARY UIC / PAS CODE
PROPOSED EFFECTIVE DATE	VICE	PRIOR FEDERAL/MILITARY SERVICE <input type="checkbox"/> Yes (ATTACH SF144/DD214) <input type="checkbox"/> No	CURRENTLY AN EMPLOYEE/AGR? <input type="checkbox"/> Yes (check Emp or AGR) <input type="checkbox"/> No
NAME OF POSITION'S ORGANIZATION	ADDRESS	UNIT POC/TELEPHONE/E-MAIL	
		NOMINEE'S WORK EMAIL ADDRESS	
REMARKS		EMPLOYEE HIERARCHY INFORMATION	
		EMP SUPV/RATER:	
		EMP SENIOR RATER:	

## TO BE COMPLETED BY NOMINATING SUPERVISOR

I certify that this Position Description is an accurate statement of major duties and responsibilities of this position and its organizational 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 violations of such statutes or their implementing regulations.

NAME/TITLE	SIGNATURE	DATE	TELEPHONE
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## TO BE COMPLETED BY COMMANDER/DIRECTOR

NAME	SIGNATURE	DATE
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## CERTIFICATION OF FUND AVAILABILITY

NAME/TITLE	SIGNATURE	DATE
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## DIRECTORATE FOR HUMAN RESOURCES OFFICE USE ONLY

NOA	AUTH 1	AUTH 2	EFFECTIVE DATE
POSITION TITLE	PP/SERIES/GRADE/STEP		PAY
POSITION DESCRIPTION # / SEQ	REQUIRED APPT DOCS: OF 306 <input type="checkbox"/> I-9 <input type="checkbox"/> SF 61 <input type="checkbox"/> OF 612/Résumé <input type="checkbox"/>		Pay Table _____    PRD _____
REMARKS FOR SF50 (DCPDS Code)		STAFFING NOTES:	
		CLASS NOTES:	

## DIRECTORATE FOR HUMAN RESOURCES APPROVALS

OFFICE	Name	DATE