

APPLICANT SUPPLY FILE REFERRAL
TEMPORARY POSITIONS

PLEASE SUBMIT ORIGINAL AND TWO COPIES OF REFERRAL AND ONE COPY OF TEMPORARY JUSTIFICATION FOR OPEN REQUESTS. FOR NAME REQUESTS, SUBMIT THE ABOVE, PLUS A COPY OF SF-171 AND A COPY OF OPM 1170/17 OR TRANSCRIPTS. CREDITING PLAN NUMBERS ARE TO BE SUBMITTED FOR ALL WAGE GRADE POSITIONS.

| | | | | |
|--|-------------|----------------|---|----------|
| Signature of Issuing Officer, REBB | | Request Number | Date Issued | |
| ICD | Request No. | Date | Signature of Requester, ICD | |
| Number of Vacancies, Position Title, Series, Grade, Duty Location | | | | |
| Type of Appointment: F/T ____, P/T ____, Tour of Duty _____, NTE _____ | | | | |
| Remarks: (Selective factors should accompany <u>ALL</u> name requests.) | | | | |
| REFERRAL | | | | |
| The following list of eligibles is provided in response to the above request: | | | | |
| *Action | VET PREF | NAME | SCORE | EOD DATE |
| | | | | |
| *A - Selected (For each selection provide the expected date of appointment) CR - Communication Returned Unclaimed DD - Declined Until a Later Date NS - Not Selected NN - Not Selected/Not Contacted DP - Declined for position certified only DZ - Declined for other Reasons | | | FR - Failed to Reply DA - Declined Agency DG - Declined Grade DL - Declined Location DX - Declined Further Consideration for Federal Employment | |
| TO: RECRUITMENT AND EMPLOYEE BENEFITS BRANCH (Temporary Employment) Building 31, Room B3C-15 Bethesda, MD 20205 | | | Original applications of eligibles NOT selected for appointment should be attached and returned with appropriate documentation. | |
| Signature of Appointing Officer, ICD: | | Title/ICD: | Date: | |
| _____ | | _____ | _____ | |