

Department of Health and Human Services
Atlanta and Bethesda Human Resources Field Offices

CHECKLIST FOR PERSONNEL ACTIONS
PRE-RECRUITMENT CONSULTATION WORKSHEET

Job Requisition Number: _____

Program Office: Completion of this form is mandatory when initiating a personnel action. Forward completed form, Job Requisition (JR), and required documentation to the servicing human resources professional for further processing. Complete one form per requisition.

HR: The servicing human resources specialist is responsible for reviewing this worksheet when consulting with the program office on human resources activities.

Part A – Requesting Office Information			
Requesting Office		Date of Consultation	
Points of Contact		Phone Number	
		Phone Number	
		Phone Number	
Request for SME Involvement:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, SME Names(2)		
Primary SME Contact		Phone Number	
Alternate SME Contact		Phone Number	
Other SME Contact		Phone Number	
Part B – Position Information			
Identify the position you are recruiting for or reassigning or promoting to.			
Position Title(s):			
Pay Plan and Series		Grades(s):	
Promotion Potential	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Potential:	
Backfill/Vice Action	<input type="checkbox"/> Yes. Name of Previous Incumbent: <input type="checkbox"/> No. Provide a brief reason for request (e.g., change in mission/necessity for position):		
FTE Number(s) (If applicable)		Number of Vacancies:	
Duty Location(s):			
Selecting Official's Name:		Phone Number:	
Admin Code:		CAN Code:	
Job Requisition Number:		PARS/Named Action:	
Check all that apply: <input type="checkbox"/> Mission Support <input type="checkbox"/> FTE <input type="checkbox"/> Permanent <input type="checkbox"/> Full-Time <input type="checkbox"/> Temp NTE		<input type="checkbox"/> Mission Direct <input type="checkbox"/> Non-FTE <input type="checkbox"/> Part-Time <input type="checkbox"/> Term NTE <input type="checkbox"/> Other	
		Sensitivity Level <input type="checkbox"/> Non-Sensitive <input type="checkbox"/> Non-Critical Sensitive <input type="checkbox"/> Critical Sensitive <input type="checkbox"/> Special Sensitive <input type="checkbox"/> Public Trust (Moderate Risk) <input type="checkbox"/> Pubic Trust (High Risk)	

Part C – Type of Action

Named Action:

- PARS Promotion* Temporary Promotion: NTE ____ Days ** *Attach a Statement of Understanding*
**Attach resume and/or transcript when promotion is in lieu of the Time-in—Grade Elimination Rule*
 Reassignment Other:

Recruitment:

- | | |
|--|--|
| <input type="checkbox"/> MP – Internal CC/CIO (written justification required to restrict)
<input type="checkbox"/> MP – Internal OpDiv Only
<input type="checkbox"/> MP – Internal HHS
<input type="checkbox"/> MP – Internal Government-wide
<input type="checkbox"/> DE – External to all US Citizens
<input type="checkbox"/> Category Rating
<input type="checkbox"/> Traditional Rating (Rule of Three applies)
<input type="checkbox"/> Name Request <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name: | <input type="checkbox"/> Advertise for ____ work days
<input type="checkbox"/> Other (e.g., STEP, COTA, VRA, PMF, Direct Hire, (etc.):
<input type="checkbox"/> Selective Factors Identified (e.g., foreign language)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable. If yes, list the selective Factor(s): |
|--|--|

PART D- Documentation

Title 5 Competitive Service

- | | |
|---|---|
| Required
<input type="checkbox"/> OF-8, PD Coversheet
<input type="checkbox"/> Position Description
<input type="checkbox"/> Standard PD Number:
<input type="checkbox"/> Established PD Number:
<input type="checkbox"/> New (Attached)
<input type="checkbox"/> Organizational Chart / Staffing List
<input type="checkbox"/> Quick Hire Questions and Weights
<input type="checkbox"/> Job Analysis | Optional:
<input type="checkbox"/> Justification for filling a temporary/term position
<input type="checkbox"/> Resume
<input type="checkbox"/> Statement of Understanding (Temporary position)
<input type="checkbox"/> SF-50 Notification of Personnel Action
<input type="checkbox"/> Transcript
<input type="checkbox"/> DD214 Certificate of Discharge
<input type="checkbox"/> Peace Corp Documentation
<input type="checkbox"/> Schedule A Persons with Disability Certificate
<input type="checkbox"/> VA Letter
<input type="checkbox"/> SF-15
<input type="checkbox"/> Other: |
|---|---|

Title 42 – Excepted Service <http://intranet.OpDiv.gov/hr/Employment/title42.html>

- | | |
|--|--|
| Required for Title 42:
<input type="checkbox"/> Form 481, Fellowship Program Request with description of duties attached.
<input type="checkbox"/> Resume/CV
<input type="checkbox"/> Two letters of recommendations from non-OPDIV employees
<input type="checkbox"/> Copy of Academic Transcript
<input type="checkbox"/> Foreign Education Documentation, if foreign education
<input type="checkbox"/> Position Sensitivity Form
<input type="checkbox"/> Organizational Chart/Staffing List(s)
<input type="checkbox"/> Service Agreement if payment is received for moving expenses.

Additional Required Documents for Non-U.S. Citizens:

<input type="checkbox"/> Copy of “Green Card”, Employment Authorization or Visa request package for forwarding to the Office of Global Health. | Additional Required Documents for Non-FTE Appointees
<input type="checkbox"/> OF-612, Optional Application for Federal Employment
<input type="checkbox"/> Form 1236, Notice of Research Fellowship Award to obligate funds

Additional Required Documents for Title 42 Recruitment
<input type="checkbox"/> Justification for use of Title 42 Authority (to include previous recruitment efforts)
<input type="checkbox"/> Peer Review Package for Distinguished Consultants and SBRS (Senior Biomedical Research Service)
<input type="checkbox"/> Nomination Memorandum
<input type="checkbox"/> Three letters of recommendation from non-OPDIV employees |
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Title 38 Physicians / Dental Pay (Medical Officers Only)

- | | |
|--|---|
| Required
<input type="checkbox"/> HHS 691 Form, Request For Special Pay For Physicians And Dentists
<input type="checkbox"/> Written Market Pay Justification | Optional:
<input type="checkbox"/> Other: |
|--|---|

<input type="checkbox"/> Commissioned Corps (Program Use Only)	
Required: <input type="checkbox"/> PHS 1662 Form - Request for Personnel Action <input type="checkbox"/> Billet Form	Optional:

Part E – Conditions of Employment	
Pre-employment physical required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug testing required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial disclosure required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
License required	<input type="checkbox"/> Yes <input type="checkbox"/> No / If yes, identify license type:
Mobility agreement required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Domestic <input type="checkbox"/> International If yes, estimated percent travel
Moving expenses authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be authorized
Relocation incentive authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be authorized
Recruitment incentive authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be authorized
Student loan repayment incentive authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be authorized
Annual leave for non-federal service authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be authorized

Pre-Recruitment Consultation Notes	

Part F - Approvals			
Branch/Team Lead		Date	
Signature Box		Date	
Division		Date	
Signature box		Date	
CIO/MO/Final Approving Official		Date	
Signature Box		Date	
CMO (if required)		Date	
Signature Box		Date	
Date Personnel Action Packet forwarded to HR		Received By	
HR Approval		Date	
Signature Box		Date	