# REQUEST FOR APPROVAL OF NONCOMPETITIVE ACTION

**IMPORTANT: See instructions on reverse and detailed instructions in Subchapters S4 and S5, Appendix A, FPM Supplement 296-31.**

*(Enter Name, Address, and ZIP Code of OPM Office)*

**Office of Personnel Management**

**ATTENTION:**

**1. Type of Action**

☐ Transfer
☐ Position change
☐ Reinstatement
☐ Temporary or Term Appointment based on Reinstatement Eligibility
☐ Career Appointment
☐ Career Conditional Appointment

☐ Conversion to Career or Career-Conditional Appointment
☐ Appointment (Spec. Tenure)
☐ Excepted Appointment
☐ Detail
☐ Other *(Specify):*

**2. OPM Regulation or other authority under which action is requested:**

**3. Is employee now serving under a career or career conditional appointment:**
☐ Yes   ☐ No

Fold

**4. Name** *(Last, First, M.I.)*

**5. Total length of service in present grade:**

**6. Home Address - Complete if employee is to take written test.** *(Number, Street, City, State, and ZIP Code)*

**7. Veteran Preference**
☐ Yes   ☐ No

**8. Birth Date** *(Month, Day, Year)*

| 9. | FROM | TO |
|---|---|---|
| A. Position Title | | |
| Pay Plan | | |
| Occupational Code | | |
| Grade and Salary | | |
| B. Bureau of Office | | |
| C. Duty Station | | |

**10. Have requirements other than those for which prior approval is requested been met? (Fill out in ALL cases)**
☐ Yes   ☐ No   *(If "No," explain in Item 11, below.)*

**11. Enter (or attach) any supporting statements required by instructions on this form or in FPM Supplement 296-31, Appendix A.**

Fold

Attach description of duties of proposed position (except where title is descriptive of the duties, such as typist, stenographer, etc.)

**12. Reason for Submission** *(To be checked by agency.)*

☐ A. Prior approval of nominee's experience and training.

☐ B. Prior approval of action involved:

☐ (1) Waiver of Time-After-Competitive-Appointment restriction under OPM Regulation 330.501.

☐ (2) Waiver of experience and training requirement.

☐ (3) Written test.

B *(Continued)*

☐ (4) A position for which no experience and training standards have been issued.

☐ (5) A person separated for cause.

☐ (6) Extension of detail beyond 120 days.

☐ (7) Other *(Specify):*

*(Enter Name, Address, and ZIP Code of Requesting Office)*

For Information Call *(Name, Telephone No., including Area Code)*

Authorized Signature

Title

Date Signed *(Month, Day, Year)*

**SEE OTHER SIDE FOR OPM ACTION ON THIS REQUEST**

USAPPC V1.00

## INSTRUCTIONS

NUMBER OF COPIES TO BE SUBMITTED
 Submit this form in duplicate.

OFFICE TO WHICH REQUEST IS SUBMITTED
 Submit this request to the office which has recruiting jurisdiction over the position involved, except when instructions applicable to the case (see Subchapters S4 and S5, Appendix A, FPM Supplement 296-31) require submission to the OPM's central office (for example, all requests for career appointment based on service in the legislative or judicial branch under section 2(b) or (c) of the Ramspeck Act are submitted to the Staffing Systems and Services Group, Office of Personnel Management, Washington, D.C. 20415).

SUPPORTING DOCUMENTS AND STATEMENTS
 Attach to all requests a completed copy of Standard Form 171 (or 173), Personal Qualifications Statement: except that Standard Form 172, Amendment to Personal Qualifications Statement, may be used with requests which involve qualification requirements only. (Standard Form 172 may be omitted when the administration of a written test is the only action involved.) Attach any additional documents and include in Item 11 (or attach) any statements required by applicable instructions in Subchapter S4 or S5, Appendix A, FPM Supplement 296-31.

REQUEST INVOLVING SEPARATION FOR CAUSE
 State whether the nominee's Official Personnel Folder is in the agency's possession, or has been requested by it.

---

## OPM ACTION

The action proposed on the reverse side of this form is:    ☐ Approved    ☐ Disapproved *(See note below.)*

The requirements which are checked below were reviewed in making this decision:

☐   Qualifications requirements only

☐   Suitability

☐   Reinstatement eligibility determination

☐   Other   *(Specify under "Remarks")*

**Note:** The agency must determine whether the individual meets all other requirements for the action proposed.

---

Remarks:

---

| OFFICE OF PERSONNEL MANAGEMENT | Authorized Signature | Date *(Month, Day, Year)* |
|---|---|---|