

Checklist for Submission of Competitive & Non-Competitive Actions



PART 1: AGENCY AND CANDIDATE/EMPLOYEE INFORMATION

Agency	Submission Date	Proposed Hire Effective Date
Name/Title of Designated Agency HR Authority (Print)	Signature of Designated Agency HR Authority	
Name of Candidate/Employee (First, Middle Initial, Last)	Position Title/Salary Schedule/Series	
Employee Identification Number (as applicable)	Proposed Salary	

PART 2: TYPE OF ACTION

<input type="checkbox"/>	Competitive Recruitment Conversion, New Hire, Rehire, Internal Recruitment/Promotion
<input type="checkbox"/>	Non-Competitive Recruitment Reinstatement, Transfer (excludes intra-departmental), Re-employment, Non-Competitive Promotion, Demotion, Reappointment, Direct Hire
<input type="checkbox"/>	Temporary Appointment Temporary Provisional Appointment, Temporary Emergency Appointment, Direct Hire (Temporary 100-Hour or Limited Term Grant-Funded)

PART 3: DOCUMENTATION ATTACHED

<input type="checkbox"/>	Job Requisition/Announcement Number: _____	<input type="checkbox"/>	Proof of degree, employment, references, professional licenses (as applicable)
<input type="checkbox"/>	Approved Position Requisition Form (PRF)	<input type="checkbox"/>	Pre-placement Medical Determination Memorandum (as applicable)
<input type="checkbox"/>	Approved Position Number: _____	<input type="checkbox"/>	Background Check Memorandum (as applicable)
<input type="checkbox"/>	Printed Personal Information Document (PID)	<input type="checkbox"/>	Proof of Preference Documents (as applicable)
<input type="checkbox"/>	Position Description (Form 544)	<input type="checkbox"/>	Notice from Employee Requesting Demotion (as applicable)
<input type="checkbox"/>	Signed Employment Application (or Resume)	<input type="checkbox"/>	Office of Law Approval (for Reinstatement actions only)
<input type="checkbox"/>	Required Forms/Justification Memorandums (as applicable)	<input type="checkbox"/>	Personnel Review Board Approval (as applicable)
<input type="checkbox"/>	Offer Letter/Acceptance Acknowledgement	<input type="checkbox"/>	Budget Approval Funding Certificate (outside of required ORB approval)
<input type="checkbox"/>	Salary Justification Memo (as applicable)	<input type="checkbox"/>	Other: _____

PART 4: DATE RECEIVED BY OHRM PEOPLE OPERATIONS, CORE HR DIVISION: _____

Date of Core HR Review: _____	Core HR Determination: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Return to Agency: <input type="checkbox"/> Yes (see Part 5) <input type="checkbox"/> No
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PART 5: DOCUMENTATION MISSING FROM AGENCY (OHRM ONLY)

<input type="checkbox"/>	Job Requisition/Announcement Number: _____	<input type="checkbox"/>	Position Requisition Form
<input type="checkbox"/>	Approved Position Number: _____	<input type="checkbox"/>	Printed Personal Information Document (PID)
<input type="checkbox"/>	Position Description (Form 544)	<input type="checkbox"/>	Required Form/Justification Memorandums
<input type="checkbox"/>	Offer Letter	<input type="checkbox"/>	Salary Verification (as applicable)
<input type="checkbox"/>	Salary Justification Memorandum (as applicable)	Date Requested: _____	

PART 6: NEW EMPLOYEE ORIENTATION PROGRAM REGISTRATION (OHRM ONLY)

<input type="checkbox"/>	SAP New Hire Entry – EIN: _____	<input type="checkbox"/>	Notification to Core HR of Attendance – Date Scheduled: _____
<input type="checkbox"/>	Network Account Set-up – Email Address: _____	<input type="checkbox"/>	Issuance of HID Proximity Card – Card Number: _____
<input type="checkbox"/>	Other: _____		