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| REQUEST FOR HT38 PROMOTION ABOVE FULL PERFORMANCE LEVEL |
| Part A. INITIAL REQUEST |
| Permanent OR Temporary (please circle one) |

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| 1. Employee Name: | 2. Current Position, Title, Series and Grade: |
| (If temporary promotion go to Part D) | |
| 3. Duty Station: | 4. Date of first anniversary of last promotion: |
| 5. Date of Notice of Elig Issued to Service: | |
| 6. Date of Notice of Elig to Employee: | |
| 7. Position title, Series and Grade Requested: | |
| 8. Self-Assessment Date Submitted: \_\_\_\_\_\_\_ Yes (Attach) \_\_\_\_\_\_\_No  Or  Written Declination of Self - Assessment Date Submitted: \_\_\_\_\_\_ Yes (Attach) \_\_\_\_\_ No | |
| **9. Management Official Review of assignment:** | |
| a) Has there been a change in duties assigned: \_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO (If yes, describe what has changed and how changes have occurred; If no, show how duties have been part of assignment) | |
| b) Do the additional duties meet the definition of a higher level assignment in the occupational qualification standard: \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_ NO (If yes, state which assignment from standard it meets and justify how it meets that level; If no, justify how it does not meet a higher level assignment) | |
| 10. New assignment supported fiscally? \_\_\_\_\_ YES \_\_\_\_\_ NO  (Attach request and approval for new assignment) (To Be Considered: Are others covered by the same assignment? Were all employees given opportunity to perform higher level duties? Is it a requirement to be announced?) | |
| 11. Management Official name (Print):  Management Official Recommendation: \_\_\_\_\_\_\_\_\_\_\_Approve \_\_\_\_\_\_\_\_\_\_ Disapprove  Management Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Approved – send directly to HR for action. Disapproved go to Part B below) | |
| 12. Date Submitted to HR: | |
| 13. HRO Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_Approve \_\_\_\_\_\_\_\_\_\_ Disapprove | |
| 14. HR justification for recommendation made in block 13: (If, disapproved provide notice to employee with explanation and submit to Supervisor) | |
| 15. HRO Signature: Date: | |
| **Part B. NOTICE OF DENIAL OF PROMOTION** | |
| 16. Date submitted to Supervisor: | |
| 17. Employee Signature: Date Receipt of Decision: | |
| 18. Date Informal Discussion held with Employee: | |
| **Part C. RECONSIDERATION (does not apply to temporary promotions)** | |
| 19. Date Employee reconsideration written request date submitted to immediate supervisor (written request attached) | |
| 20. Immediate supervisor’s review and comments on employee written request: (must provide reasons to decline). Submit to second level supervisor with employee request. | |
| 21. Immediate Supervisor signature: Date: | |
| 22. Second level Supervisor review and recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove  (Submit through HR to Medical Center/VISN Director)  Comments: | |
| 23. Second Level Supervisor name (print):  Second Level Supervisor Signature: Date: | |
| 24. Date submitted to HRO: | |
| 25. Signature of HR technical representative certifying that requested action is complete and has been reviewed for adherence to all legal and technical requirements before being forwarded to appointing authority: Date: | |
| 26. HRO Name (Print)  HRO Signature: Date: | |
| 27. Date submitted to Director (MCD or ND): | |
| 28. Director final decision: \_\_\_\_\_\_\_\_Approve \_\_\_\_\_\_ Disapprove  Signature: Date: | |
| 29. Date of notice to employee: | |
| **Part D. Temporary Promotion** | |
| 30. Position title, Series and Grade Requested: | |
| 31. Date requested by service: | |
| 32. **Begin Date: End Date:**  **(If over 120 days must be competed or follow CBA)** | |
| 33. Immediate Supervisor Signature: Date: | |
| 34. Signature of HR technical representative certifying that requested action is complete and has been reviewed for adherence to all legal and technical requirements before being forwarded to appointing authority: Date: | |