

# USDA SUPERIOR QUALIFICATIONS CHECKLIST AND SUPPLEMENTAL APPROVAL FORM

This form must be completed and placed on the right side of the OFFICIAL PERSONNEL FOLDER (OPF) of any applicant who is approved for an appointment at an advanced rate under this authority.

<b>Name:</b> <i>(Last, First, M.I.)</i>	<b>Grade and Step Requested</b>
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**OFFICE /POSITION:**

### APPOINTMENT INFORMATION

1. The appointing authority?  
 2. Is authority appropriate?  Yes  No

### QUALIFICATIONS

1. Does the justification memorandum show that the candidate's qualifications are demonstrably superior to what would be expected of a well-qualified candidate and that the employee is forfeiting income?  
 Yes  No

**OR**  
 2. Does the justification memorandum and resume clearly show the candidate has a unique combination of education and/or experience that meets the special needs of the agency?  
 Yes  No

### EXISTING PAY/SALARY HISTORY

The justification memorandum includes the following (check all that apply):

<input type="checkbox"/> Salary	<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Bonuses	<input type="checkbox"/> Other Outside Income
<input type="checkbox"/> Bona Fide Offer (30 days)	<input type="checkbox"/> Avg. Salary for occupation	<input type="checkbox"/> Forfeited Income	
<input type="checkbox"/> Shortage Category	<input type="checkbox"/> Reasonable expectation of Employment	<input type="checkbox"/> Other	
<input type="checkbox"/> Special Need			

Is all required documentation provided (salary, education, income forfeiture, etc.)?  Yes  No

Complete and signed memorandum from Manager with justification for a superior qualifications appointment  
 Copy of Position Description  
 Description of the superior qualifications  
 Candidate's resume package  
 All certificates referred to the manager for selection  
 Income verification (W-2, tax return, check stubs, 1099's, etc.)

### FOR OFFICIAL USE ONLY

Recommended by: \_\_\_\_\_ \_\_\_\_\_  
*Human Resources Specialist* *Date*

Concurrence by: \_\_\_\_\_ \_\_\_\_\_  
*(optional) Agency/Staff Office Human Resources Officer* *Date*

Approved Grade/Step Approved: \_\_\_\_\_  Disapproved

Reviewed by: \_\_\_\_\_ \_\_\_\_\_  
*Mission Area Human Resources Director* *Date*