

Superior Qualifications and Special Needs Appointments

Name of Appointee:	Organization Title:	Sub Division:	Duty Station:	Date of Appointment:	
Position Title:	Pay Plan:	Series:	Grade:	Step:	Salary:

Justification Statement (*attach additional sheets, if necessary*)

Name of Recommending Official:	Title of Recommending Official:
Signature of Recommending Official:	Date:
Name of Approving Official:	Title of Approving Official:

Approved: Disapproved:

Comments:

Signature of Approving Official:	Date:	Salary:
----------------------------------	-------	---------