



REQUEST DUE TO SUPERIOR QUALIFICATIONS OR SPECIAL NEEDS

Candidate's Name:	SSAN:	Date:
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VA#:	Pay Plan-Series-Grade:	Position Title:
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I. ACTION REQUESTED

I request an Advanced-in-Hire Rate for the above named candidate based on (check which applies):

Superior Qualifications (GS appointees only) – based on the relevance of the candidates experience and education to the particular work he/she will do, or the quality of the candidate's accomplishments compared to others in the same field.

Special Needs (GS appointees only) – based on the type and quality of Knowledge, Skills, and Abilities that the California National Guard could not otherwise obtain.

Special Qualifications (FWS appointees only) – based directly on the relevance of the candidates experience to the particular work he/she will do.

II. JUSTIFICATION

A. Rationale for the use of this authority (may be continued on additional pages):

B. Evaluation criteria and how candidates compared against the criteria (may be continued on additional pages):



C. Reason(s) for authorizing an advanced rate instead of or in addition to a recruitment incentive (may be continued on additional pages):

1. Was a recruitment incentive considered when advertising the position? Yes__ No __

2. If yes to #1, did the vacancy announcement reflect that the incentive was authorized? Yes__ No __

3. Are you planning to submit an incentive packet in addition to this superior qualifications or special needs request? Yes__ No __

4. Is the candidate willing to accept the job offer either with or without the incentive? Yes__ No __

5. Reason for authorizing a superior qualifications or special needs request instead of/or in addition to a recruitment incentive:

D. Attached is a copy of the Vacancy Announcement and Certificate of Eligibles for this position; or any other recruiting sources used.

E. Attached is a copy of each candidate's application.

F. Attached is supporting income verification documents (Leave and Earning Statements, W-2's, etc.) that prove the candidate is forfeiting income that would otherwise justify a salary above the base pay grade of this position. (Failure to provide supporting documentation will result in this action being returned without action).

G. Requested Rate (Salary Amount may not exceed the forfeited income by over 20%):

III. NOMINATING SUPERVISOR CERTIFICATION

I certify that the above information is correct, the candidate is forfeiting income that would otherwise justify a salary above the base pay grade of this position, and the work of this position is not administrative/clerical in nature.

Name:	Signature:	Date:
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IV. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name:	Signature:	Date:
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V. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY

I certify funds are available for this action.

Name:	Signature:	Date:
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IV. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Appointment Date:	Approved Pay Plan-Grade/Step:
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Approved Basic Pay Rate:	Approved Locality Adjustment:	Approved Total Pay:
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REVIEWS/APPROVALS

I certify that the proposed action is in compliance with statutory and regulatory requirements.

Title:	Signature:	Date:
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Title:	Signature:	Date:
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Title:	Signature:	Date:
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Advanced-in-Hire Rate is approved.

Director/Deputy Director of Human Resources	Signature:	Date:
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