

CERTIFICATION FOR USE OF PRIVATE SECTOR TEMPORARIES

A. To be completed by the requesting organization/program.

1. Provide a description of the work to be performed. (Specify any particular skills required.)

2. Specify the conditions which require the need for use of private sector temporaries (vacations or other noncompelling circumstances are unacceptable):

Employee is absent for a temporary period because of:

- _____ Mandatory jury service.
- _____ Emergency.
- _____ Accident.
- _____ Illness.
- _____ Parental or family responsibility.
- _____ Maternity leave.
- _____ Other (provide explanation).

or

_____ The agency must carry out work for a temporary period because of a critical need. Provide explanation. (A critical need is a sudden or unexpected occurrence; an emergency; a pressing necessity; or an exigency characterized by additional work or deadlines required by statute, Executive Order, court order, regulation, or formal directive from the Head of an agency or his/her designee. A recurring, cyclical peak workload, by itself, is not a critical need.)

3. Indicate the time period, not to exceed 120 work days, that temporary services will be needed. (No one employee may work at a major organizational element - headquarters or field - of an agency for more than 120 work days in a 24 month period. An additional 120 work days may be authorized by the Regional or Assistant Director provided the situation requiring their services continues to exist.)

Dates: From _____ To _____

Total number of work days: _____

4. Name, title, and telephone number of requestor.

Name: _____

Title: _____

Telephone number: _____

I certify that the above information is accurate, that the temporary need is critical and cannot be met through the use of current employees, and that this temporary service is not being used to circumvent controls on employment levels. Since the transaction amount is over \$2,500, a completed Acquisition Request (FWS Form 3-2109) certifying the availability of funds is attached.

(Signature of Requestor) (Date)

B. To be completed by the servicing personnel office.

The request has been reviewed and is consistent with the requirements outlined in 5 CFR 300, Subpart E. We certify that the need cannot be met with current employees or through direct appointment of temporary employees within the time period indicated in Part A and that there are no qualified employees on the Reemployment Priority List.

These services are equivalent to the following GS or WG pay scale in the Federal service.

_____ \$ _____
(Grade/Step) (Salary per hour/week/month)

(Signature of Reviewer) (Date)