



FY 2018-2019 BIENNIAL ALLOCATION SES/SL/ST AGENCY COVER SHEET

To help OPM expeditiously review your biennial allocation package, please utilize the template(s) related to your specific request. Your agency submissions should be uploaded to <https://community.max.gov/x/MQzjJg> by the due date provided on the updated guidance.

AGENCY COVER SHEET

(Only one cover sheet needs to be included for each agency package submission)

Agency: _____ Agency Point of Contact: _____

Telephone: _____ Email: _____

The information below is effective as of your submission date, which is: _____.

Number of SES allocations: _____; Number of SES allocations filled: _____; Vacancy Rate: _____

Number of SL allocations: _____; Number of SL allocations filled: _____; Vacancy Rate: _____

Number of ST allocations: _____; Number of ST allocations filled: _____; Vacancy Rate: _____

Please explain your vacancy rate, for each of the areas being addressed:

AGENCY NAME: _____

Types of requests included in the agency's enclosed package, please indicate the total number of each:

- ___ New SES allocations ___ Number requested in last biennial (if applicable)
- ___ New SL allocations ___ Number requested in last biennial (if applicable)
- ___ New ST allocations ___ Number requested in last biennial (if applicable)
- ___ Converting positions
- ___ General/Career Reserved Re-designation of positions

If you are resubmitting identical position(s) requests from a prior biennial cycle, please address the reason on the position specific template.

For each of the requested actions noted above please complete the attached applicable template form. There are 3 template forms: 1) new SES/SL/ST allocation requests, 2) redesignation requests and 3) conversion requests.

In submitting this request the agency acknowledges that the respective budgeting requests for fiscal years 2018 and 2019 included or will include funding needed for the requested allocations. The agency understands that the Office of Personnel Management's approval of these positions does not constitute the Office of Management and Budget's approval of the agency's spending plan. This request is made as a result of consultation with human capital, financial, and operational executives regarding the impact these new SES/SL/ST positions can have on the effectiveness of the agency.

Signature of Component Head, Department CHCO or Designee

Date: _____

Print Name and Title

AGENCY NAME: _____