

ORO CONTROL FORM - FINAL DIRECTIVE

PART A (To be completed by the Division of Primary Interest (DPI))

1. NUMBER AND TITLE OF DIRECTIVE: **ORO O 320, Chapter II, Change 3, PROCESSING PERSONNEL ACTIONS**

2. PURPOSE OF TRANSMITTAL: New Directive Revised Directive

3. THIS DOCUMENT MAY AFFECT THE WORK PERFORMED BY THE FOLLOWING CONTRACTORS: (Check appropriate boxes)

No (all contractors)

Yes If yes, whom? Bechtel Jacobs Co. ORAU UT-Battelle ISOTEK (Bldg. 3019, ORNL)

Other contractors (list by type)

Many ORO contractors have approved Standards/Requirements Identification Documents (S/RIDs) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

4. SIGNIFICANT PROVISIONS: Are there any significant changes or impacts? No Yes
If yes, describe: This ORO Chapter is part of the ORO sunset review process. Changes to this Chapter include revisions to (1) update Paragraphs 5a (1)-(2), 5b, and 5c; (2) update Paragraph 6, References; and (3) addition of Attachment 2.

5. CONTACT POINT: Melanie Kent Personnel and Management Analysis Branch, AD-442 576-0673
Name Organization Telephone

PART B (To be completed by the Directives Management Group (DMG)):

6. FILING INSTRUCTIONS:

<u>Remove</u>	<u>Dated</u>	<u>Insert</u>	<u>Dated</u>
ORO Control Form	10/12/2001	ORO Control Form	06/18/2004
ORO O 320, Ch. II, Chg. 2	10/12/2001	ORO O 320, Ch. II, Chg. 3	06/18/2004

ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/doe/doe_oro_dmg/oro_dir.htm. The ORO Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

7. APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH THE OFFICIAL DIRECTIVES DISTRIBUTION LIST:

Original Signed By
Wayne H. Albaugh 06/18/2004
Signature: DMG Team Leader, AD-440 Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED

Rev. 06/14/2004

NNSA/YSO CONTROL FORM – FINAL DIRECTIVE

PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DIRECTIVE NUMBER, TITLE, AND DATE:

ORO O 320, CHAPTER II, CHANGE 3, PROCESSING PERSONNEL ACTIONS, dated 06/18/2004

PURPOSE OF TRANSMITTAL: New Directive Revised Directive

DOES THIS DIRECTIVE CANCEL/REPLACE OR EXTEND ANY OTHER DIRECTIVES? Yes No
If "Yes," list what action (cancel/replace or extend) and list the Directive(s), including the number(s), title(s), and date(s):

This Directive cancels and replaces ORO O 320, Chapter II, Change 2, PROCESSING PERSONNEL ACTIONS, dated 10/12/2001

The attached Directive is forwarded for review and action. Complete Part B and forward this form to ORO DMG, AD-440, by 07/06/2004.

PART B (To be completed by the NNSA Y-12 SITE OFFICE, Y12-01):

CONTRACTOR APPLICABILITY:

Does this Directive affect the work performed by BWXT Y-12, L.L.C.? Yes No

Does this Directive affect the work performed by BWXT Y-12, L.L.C., subcontractors? Yes No
If "Yes," list the subcontractors:

Many contractors have approved Standards/Requirements Identification Documents (S/RID) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this Directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

SIGNIFICANT PROVISIONS: Are there any significant changes or impacts? Yes No
List summary of Directive changes and, if "Yes" above, describe the significant changes or impacts:

Procedural changes to hiring (Federal) process.

IMPLEMENTATION: Does the Directive contain special implementation requirements and/or dates? Yes No
If "Yes," describe:

FOR DOE DIRECTIVE – SUPPLEMENTAL DIRECTIVE REQUIRED?

Is a new or revised supplemental Directive required? Yes No
If "Yes," target date for submission of YSO Directive is _____.

IDENTIFY CONTACT POINT: James R. Martin 576-0868
Name Telephone

APPROVED BY COR FOR DIRECTIVES: Diane McCarten 07/13/2004 576-9330
Signature Date Telephone

PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DOE Directives are available on the DOE Directives Portal at <http://www.directives.doe.gov/>. ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/doe/doe_oro_dmg/oro_dir.htm. Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Wayne H. Albaugh, AD-440 07/15/2004
Name Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.

(Revised 11/06/2003)

U.S. Department of Energy

Oak Ridge Operations

ORO O 320
Chapter II
Change 3

DATE: 06/18/2004

SUBJECT: PROCESSING PERSONNEL ACTIONS

1. PURPOSE. This Chapter provides administrative guidance to Oak Ridge Operations (ORO) and other organizations for which ORO processes personnel actions. It assigns responsibility and accountability to ORO and Office of Scientific and Technical Information (OSTI). Nothing in this issuance changes any requirements contained in any Department of Energy (DOE) Directive.
2. CANCELLATION. This Chapter cancels and replaces ORO O 320, Chapter II, Change 2, PROCESSING PERSONNEL ACTIONS, dated October 12, 2001.
3. APPLICABILITY. The provisions of this Chapter apply to all ORO and OSTI requests for personnel and/or position actions.
4. RESPONSIBILITIES.
 - a. Supervisors and Managers initiate personnel and/or position actions in accordance with Paragraph 5 of this Chapter.
 - b. Director, Human Resources Division, completes the processing of personnel and/or position actions in accordance with "The Guide to Processing Personnel Actions," the "DOE Corporate Human Resource Information System (CHRIS) On-Line Users Guide," and standard operating procedures.
5. REQUIREMENTS AND PROCEDURES. Each requesting office consults with the appropriate Human Resources Specialist, completes the following items as appropriate to the personnel and/or position action requested, and submits the CHRIS Workflow request or the Standard Form (SF) 52, "Request for Personnel Action," to the Human Resources Division, along with any other required documentation, e.g., position descriptions for new jobs.
 - a. CHRIS Workflow.
 - (1) Manage Personnel Request:
 - (a) Item 1. Select the Create Request link.
 - (b) Item 2. Annotate the proposed effective date.
 - (c) Item 3. Action Category. Select type of personnel action from options available.

- (d) Item 4. Action Description. Select the type of action description from options available.
 - (e) Item 5. Annotate not to exceed date (NTE) if applicable.
 - (f) Item 6. New data. Complete any required fields (denoted by asterisks “*”) and other appropriate fields.
 - (g) Item 7. Comment/Justification. Annotate any comments or justifications as needed or appropriate.
 - (h) Item 8. Additional documents. Check the applicable additional documents being submitted with request.
- (2) Approval Routing:
- (a) Item 1. 1st Approver. Ensure the approving supervisor is annotated.
 - (b) Item 2. 2nd Approver. Check the “Skip” box or ensure the 2nd approving supervisor is annotated, if required.
 - (c) Item 3. SA Approver. Select the appropriate Human Resources point of contact by consulting with your Human Resources Specialist.
 - (d) Finalize and save the Workflow action.
- b. SF 52, “Request for Personnel Action.” SF 52’s should be submitted only for personnel actions that cannot be requested through Workflow. Other exceptions will be identified on a case by case basis. Use of electronic versions is encouraged and must be printed on blue paper.

(1) Part A:

- (a) Item 1. Fill in the type of personnel and/or position action(s) requested (e.g., detail, recruitment, etc.).
- (b) Item 2. (Optional.) If desired, the originating office may insert a request number to assist in tracking personnel actions.
- (c) Item 3. Provide the name and telephone number of the employee or supervisor most knowledgeable about the details of the request.
- (d) Item 4. (Optional.) If desired, a proposed effective date of the personnel action may be specified. The letters “ASAP” (as soon as possible) may also be used or the field may be left blank.
- (e) Item 5. Use this block for the signature of the individual requesting the action.

- (f) Item 6. This block must be signed by the immediate supervisor or other responsible individual with line authority over the affected employee and/or the position.
 - (2) Part B. The requesting office need only complete Item 1 by filling in the name of the employee. All other items will be completed by the Personnel and Management Analysis Branch (PMAB), Human Resources Division.
 - (3) Part C. This part is to be completed by the PMAB.
 - (4) Part D. This part is to be used by the requesting office for any remarks, explanatory material, or specific instructions which will facilitate the processing of the request.
 - (5) Part E. This part is to be used only if the action is a resignation or retirement. The employee will fill in the reasons for the separation and give a forwarding address.
 - (6) Part F. This part is reserved for use of the PMAB for documenting remarks to be used on the SF 50, "Notification of Personnel Action."
- c. Position Description (PD's)
- (1) Form OR F 3511.1, "Position Description Coversheet." Completion of Part I of this form is required of the requesting office. This form must be included on the first page of all ORO and OSTI position descriptions, except those for members of the Senior Executive Service.
 - (2) Written Descriptions. A copy of the applicable PD will be submitted at the same time a Workflow action is initiated or with the SF 52.

6. REFERENCES.

- a. Office of Personnel Management, THE GUIDE TO PROCESSING PERSONNEL ACTIONS, which provides specific codes, procedures, and instructions for processing personnel actions.
- b. DOE CHRIS ON-LINE USERS GUIDE, which provides instructions for using the DOE computerized system for processing personnel actions.
- c. ORO O 320, Chapter VII, Change 2, MERIT PROMOTION, dated January 30, 2004, and any subsequent revisions, which establishes procedures for assessing candidates for promotion and placement, and exceptions when competitive procedures need not be used.

7. DEFINITIONS. None.

8. CONTRACTOR REQUIREMENTS DOCUMENT. None.

9. ATTACHMENTS.

- a. Attachment 1 – Sample Standard Form (SF) 52, "Request for Personnel Action."
- b. Attachment 2 – Sample OR F 3511.1, "Position Description Coversheet."

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number
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8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference				24. Tenure				25. Agency Use		26. Veterans Pref for RIF	
1 - None		3 - 10-Point/Disability		5 - 10-Point/Other		0 - None		2 - Conditional		YES <input type="checkbox"/> NO <input type="checkbox"/>	
2 - 5-Point		4 - 10-Point/Compensable		6 - 10-Point/Compensable/30%		1 - Permanent		3 - Indefinite			
27. FEGLI				28. Annuitant Indicator				29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period			

POSITION DATA

34. Position Occupied			35. FLSA Category			36. Appropriation Code			37. Bargaining Unit Status		
1 - Competitive Service	3 - SES General		E - Exempt								
2 - Excepted Service	4 - SES Career		N - Nonexempt								
38. Duty Station Code						39. Duty Station (City - County - State or Overseas Location)					

40. Agency Data		41.	42.	43.	44.
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship
					1 - USA 8 - Other
					50. Veterans Status
					51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.				Signature	Approval Date
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CONTINUED ON REVERSE SIDE
52-118

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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PART F - Remarks for SF 50

OR F 3511.1 POSITION DESCRIPTION COVERSHEET

PART 1: TO BE COMPLETED BY THE SUPERVISOR			
ORGANIZATION:			
[Insert Organization Title here]			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Technical Qualifications Program (TQP)	If TQP, STSM, and/or CTC are checked yes, the position description must document the duties and functions performed which are the basis of such determinations as well as the knowledge required to accomplish the duties of the position. Knowledge requirements must include any items which will form the basis for selective placement factors under recruitment or reduction-in-force processes.
<input type="checkbox"/>	<input type="checkbox"/>	Senior Technical Safety Manager (STSM)	
<input type="checkbox"/>	<input type="checkbox"/>	Critical Technical Capabilities (CTC) Designation	
<input type="checkbox"/>	<input type="checkbox"/>	Acquisition Career Development Program	
<input type="checkbox"/>	<input type="checkbox"/>	Drug Testing Designated Position	
<input type="checkbox"/>	<input type="checkbox"/>	PSAP Designated Position	
SUPERVISORY CERTIFICATION: I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.			
Signature and Title of Immediate Supervisor:			Date
[Branch Chief or above must sign here]			
PART 2: TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE			
Classification Title:		Pay Plan	Series
			Grade
CHRIS Position Number:		CHRIS Job Code:	
CLASSIFICATION CERTIFICATION: I certify that this position, as described below, has been classified by a Departmental Official to whom classification authority has been officially delegated.			
Signature and Title of Official Exercising Classification Authority:			Date:

Begin Typing Position Description Here

[Insert Title Here]

Begin typing position description text here.