

<RPA CHECKLIST FOR LOCAL NATIONAL ACTIONS>
5 January 2022 – All Previous RPA Checklists are Obsolete

Section A – Completed by the Selecting Official, Organization Liaison			
<input type="checkbox"/> Recruit/Fill		<input type="checkbox"/> LTE Extension NTE: yrs. OR date	
<input type="checkbox"/> Recruit/Fill (LTE) NTE: yrs. OR date		<input type="checkbox"/> Other Choose an item. date	
Approving Official	Signature	Manpower Office (if applicable)	Signature
Title:		Title:	

Section B – Completed by the Selecting Official, Organization Liaison			
RPA# in DCPDS:	<FSR Approval for IHA>	Approving Official	Signature
	Funds are available:	Title:	

FROM (Leave blank for regular FILL actions)				TO			
Organization Name:				Organization Name:			
OSC:		Office Symbol:		OSC:		Office Symbol:	
Location:				Location:			
Type of Contract: <input type="checkbox"/> MLC <input type="checkbox"/> IHA				Type of Contract: <input type="checkbox"/> MLC <input type="checkbox"/> IHA			
Type of Employment:				Type of Employment:			
<input type="checkbox"/> Permanent <input type="checkbox"/> PRE NTE date				<input type="checkbox"/> Permanent <input type="checkbox"/> PRE NTE date			
<input type="checkbox"/> Limited Term NTE: yrs. OR date				<input type="checkbox"/> Limited Term NTE: yrs. OR date			
<input type="checkbox"/> Incumbent <input type="checkbox"/> Vice				<input type="checkbox"/> Incumbent <input type="checkbox"/> Vice			
Employee Name:				Employee Name:			
Job Title:				Job Title:			
BWT:	Grade:	JD#:		BWT:	Grade:	Target:	JD#:
UU:	CE:	MPCN:		UU:	CE:	MPCN:	
ME: *Always confirm with direct supervisor if status is accurate. In order to change, CPO requires email from SQ CC.				ME: *Always confirm with direct supervisor if status is accurate. In order to change, CPO requires email from SQ CC.			

For Recruit/Fill Requests:	Vacate Date:	Vacate Reason:
Remarks: (For Limited Term Employment/Reassignment/Detail/Resignation/etc., state the reason)		

Completed by Civilian Personnel Flight	
P#:	SQ#:

Section C – Completed by the Selecting Official, Organization Liaison			
Selecting Official's Name:	Office Symbol:	Phone Number:	Email Address:
Alternate Official's Name:	Office Symbol:	Phone Number:	Email Address:
Admin Spec Name (POC):	Office Symbol:	Phone Number:	Email Address:

Section D – Completed by the Selecting Official, Organization Liaison			
Work Days:	Recess Hours:	Rest Days:	Work Days & Shift Hours:
			Work Days:
			Work Hours:
Language Proficiency Level (LPL):		Immunization/Vaccination Requirement:	
		<input type="checkbox"/> Tetanus <input type="checkbox"/> Hepatitis B Virus <input type="checkbox"/> Rabies <input type="checkbox"/> Others <input type="checkbox"/> Measles, Mumps, Rubella, Chicken Pox and Influenza (CDC/School/Medical Facility/Firefighters)	

Completed by Civilian Personnel Flight

Dt sent VA draft:

VA # (#1):	VA # (#2):	VA # (#3):
VA Opened (#1):	VA Opened (#2):	VA Opened (#3):
VA Closed (#1):	VA Closed (#2):	VA Closed (#3):
RL Dt Issued (#1):	RL Dt Issued (#2):	RL Dt Issued (#3):
Dt Sel (#1):	Dt Sel (#2):	Dt Sel (#3):
Effective Date:	Name of Selectee:	Employee's No:
NOA:		BWT-Grade, Step, and Pay:
11EJ No:	31EJ No:	WGI:
ODB Admin Circular Dt:	Trial Pd Starts:	Trial Pd Ends:
NPA Compl:	BGC Compl:	SCD:
Losing Org:		