

Request for Schedule C Appointment Authority

Part A - Agency Information

1. Agency name		2. Date of request (mm,dd,yyyy)	3. Date received at OPM (mm,dd,yyyy) <i>(OPM use only)</i>
4. Agency point of contact	Telephone number	FAX number	E-mail
5. U.S. Office of Personnel Management Washington Service Center 1900 E Street NW, Room 2469 Washington, DC 20415-9930 Attention _____ FAX number: (202)606-3603		6. Reason(s) for submission:	
		<input type="checkbox"/> New authority <input type="checkbox"/> Reestablishment of authority <input type="checkbox"/> Upgrade or downgrade from _____ to _____ <input type="checkbox"/> Change in title <input type="checkbox"/> Change in immediate supervisor <input type="checkbox"/> Change in organizational location or name <input type="checkbox"/> Notice of entry on duty <input type="checkbox"/> Notice of position vacated <input type="checkbox"/> Notice of TTC appointment <input type="checkbox"/> Effective date of action, EOD, vacate or amendment _____	
7. Position title		8. Pay plan, series, grade or salary	
9. Position number (OPM assigned)		10. Duty station (city and state code)	
11. Name of candidate		12. Position description certification (Official's type of appointment)	
13a. Supervisor's title		<input type="checkbox"/> PAS <input type="checkbox"/> PA <input type="checkbox"/> SES - General	
13b. Appointment type			
<input type="checkbox"/> PAS <input type="checkbox"/> PA <input type="checkbox"/> SES - General <input type="checkbox"/> Schedule C - provide grade →			

Certification Statement

I certify the position above, that we request the Office of Personnel Management to except from the competitive service because of its confidential or policy-determining character, was not created solely or primarily in order to detail the employee to the White House.

14. Department/Agency head name	15. Department/Agency head signature (or designee)	16. Date signed
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Part B - Agency White House Liaison

1. Agency White House Liaison name	2. Telephone number
3. Agency White House Liaison signature	4. Date signed

Part C - OPM Use Only

1. Your request for a Schedule C exception, reestablishment or amendment is:

Approved
 Disapproved
 Returned without action

2. If this action is approved, the Department/Agency's number of Schedule C positions will

Increase
 Decrease
 Remain the same

3. OPM White House Liaison signature	4. Date signed
5. Signature of OPM approving official	6. Title of OPM approving official
	7. Date signed

INSTRUCTIONS FOR COMPLETING OPM FORM 1019

A. Requesting a New Position or Reestablishment of a Position

Submit the following to OPM:

1. One OPM Form 1019 with parts A (including the Certification Statement) and B completed.
2. A copy of the official position description (PD), with a cover sheet (OF-8 or similar) signed and certified within the past six months by a Presidential appointee (PAS or PA) or a Senior Executive Service (SES) appointee in a General position (**cannot** be in a Career Reserved position).

Note: The PD must clearly show a confidential relationship with the immediate supervisor or state a required policy determining aspect of the position.

3. An organization chart with the subject position highlighted or circled.

B. Requesting an Amendment to an Occupied Position

Provide **1** through **3** as shown in A above.

Note: An amendment to an occupied Schedule C position involves one or more of the following: change in title, series, grade, duties, name of organization, duty location, or reporting relationship.

C. Reporting Entry-on-Duty (EOD) and Vacate Dates

Within **3** working days of *entry-on-duty* (EOD), *vacating* or the effective date of an *amendment* of a Schedule C position, the agency must FAX a copy of the previously approved OPM Form 1019 with **the effective date of action noted in Part A, item 6.**

Note: When a Schedule C incumbent leaves a position the authority for the position is automatically revoked.

D. Instructions for Completing Part A

Items not listed below are self-explanatory.

Item 6: Check the appropriate box or boxes – provide grade levels or date, if applicable.

Item 7: Enter the position title – if a title change, enter the new title.

Item 8: Enter the grade and series if the position is in the General Schedule, otherwise, show the GS equivalent or base salary.

Item 9: Enter the number previously assigned by OPM. Leave blank, if not assigned.

Item 10: Enter the duty station (city and state code).

Item 11: Enter the name of the candidate (with a middle initial, if known).

Item 12: Check the box showing the appointment type of the official who signs the position description. This official must occupy a PAS or PA position, or be a SES appointee in a General position.

Item 13a: Enter the supervisor's title.

Item 13b: Check the appropriate box for the supervisor's appointment type.

E. Certification Statement

Section 617 of Public Law 106-58 requires agencies to submit a certification to the Office of Personnel Management regarding detailing Schedule C employees to the White House. To comply, the Department/Agency head, acting head, or a designated official must sign the Certification Statement on the OPM Form 1019.

Please call 202-606-1892 or 202-606-1391 if you have questions concerning this form.