

For: All FSA Employees

Hiring Controls for FSA

Approved by: Administrator



1 Overview

A Background

The Farm Service Agency is experiencing a constrained budget environment and competing pressures and priorities to implement the farm bill while continuing other ongoing functions and responsibilities of the agency. This is necessitating a review of our staffing allocations to ensure that the agency is using our limited staffing resources in the most critical areas. Therefore the Administrator is implementing new hiring controls for FSA.

B Purpose

This notice:

- provides information about temporary hiring controls
- informs employees that this policy is in effect until further notice.

2 Action

A Hiring Controls

Effectively immediately any decision related to hiring must be approved by the FSA Administrator. This applies to all temporary and permanent internal or external appointment actions for all Federal (GS) and non-Federal (CO) positions. All personnel actions that result in filling a position such as reassignments, transfers, promotions, excepted appointments, appointments of career interns and students, and career conditional/career appointments are subject to this approval requirement.

Offers of employment that have already been extended **and accepted** before the date of this notice can continue.

Disposal Date	Distribution
June 1, 2010	All FSA Employees; State Offices relay to County Offices

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2 Action (Continued)

A Hiring Controls (Continued)

For all other vacancies the following action is required.

- Offers that have been made but not accepted must be withdrawn; they can be reoffered only if approval is obtained.
- No new offers of employment for closed announcements are to be made without obtaining prior approval.
- All announcements currently open are to be canceled. They can be reposted only if approval is obtained.
- No new vacancy announcements are to be posted without obtaining prior approval.

This policy does **not** cover:

- career ladder promotions for which employees have already competed
- internal FSA lateral reassignments
- temporary promotions and extensions of temporary promotions
- details and extensions of details.

B Critical Hires

Requests to the Administrator for approval to hire should be limited to critical hires only at this time. Managers should consider the following in making the determination that the vacancy is a critical hire.

- Is the position critical to delivering mission/function?
- Can duties be temporarily covered by current on-board employees?
- What is the impact of not filling the position to the agency?

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2 Action (Continued)

C Approval Process

The pre-clearance approval request in Exhibit 1 must be completed and submitted according to the following.

- All requests from State and County Offices and the immediate staff of the Deputy Administrator for Field Operations (DAFO) will be submitted through DAFO.
- All requests from the National Office, Kansas City Office, St. Louis Office, or Salt Lake City Office will be submitted through the appropriate Deputy Administrator.
- All requests from the Offices of the Deputy Administrators, Office of the Administrator, Office of the Chief Financial Officer or Office of the Chief Information Officer will be submitted to the appropriate Associate Administrator.

Upon completion of this review process, the request will be submitted to the Administrator for decision.

Once the Administrator makes a determination the request will be sent to HRD. HRD will provide notification to the originating office of the determination. For CO positions the signed request will be returned to the appropriate State Office; for GS positions HRD will retain the signed request for the official record.

A template for the hiring control pre-clearance approval request is available for download on the HRD Intranet at <http://dc.ffasintranet.usda.gov/HRD/>.

Hiring Control Approval Request Format

Farm Service Agency Pre-Clearance Hiring Control Approval Request

Date of Request: Type of Action: External Recruit Internal Recruit

Organization Name:

Location (City/State):

Supervisory Position (Y / N):

Position Title:

Working Title, if applicable:

Is this an established position (Y/N):

If "Y" list Series and Grade:

Point of Contact for Additional Information:

(Name and Telephone Number)

Justification: Explain the need for the position, why the position is critical, impact to the agency/organization if the position is not filled and any other pertinent information.

Signature _____ Date Signed: _____
Deputy Administrator

Signature _____ Date Signed: _____
Associate Administrator

- Approved
- Not Approved

Signature _____ Date Signed: _____
Administrator