

For: FSA Employees, except State and County Office Employees

Continued Hiring Controls for FSA

Approved by: Acting Administrator



1 Overview

A Background

FSA continues to experience a constrained budget environment with competing pressures and priorities to implement the Food, Conservation, and Energy Act of 2008, while under the Continuing Resolution and maintaining other ongoing FSA functions and responsibilities. This has necessitated a continual review of staffing allocations to ensure that FSA is using limited staffing resources in the most critical areas. Therefore, the Administrator is continuing to review certain supervisory vacancies.

B Purpose

This notice:

- continues the same procedure that has been in effect since March 17, 2010
- informs employees that this policy is in effect until further notice.

2 Action

A Hiring Controls

Effective immediately, waivers to fill supervisory grade GS-13 positions and above in all offices, **except** State and County Offices, shall be approved by the FSA Administrator. Approvals are required for temporary and permanent internal or external appointment actions. Personnel actions that result in filling a position (such as reassignments, transfers, promotions, excepted appointments, and career conditional/career appointments) are subject to FSA Administrator approval.

Disposal Date February 1, 2012	Distribution All FSA employees, except State and County Office employees
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2 Action (Continued)

A Hiring Controls (Continued)

This hiring control 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 when making the determination that the vacancy is a critical hire.

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

Note: When filling any position, DR 4020-250-002, Position Management and Vacancy Control requires responsible stewardship and accountability for the strategic management of human resources similar in nature to the hiring controls set forth in this notice. In an effort to reduce the administrative burden of the 2 separate processes, FFAS HRD, within its 2010 Hiring Reform Initiative, is working on a singular process which effectively satisfies the requirements of both. A future directive will be forthcoming when that it finalized and approved for implementation.

C Approval Process

The preclearance approval request in Exhibit 1 **must** be completed and submitted according to the following.

- All requests from the Washington, DC, area; Kansas City, MO; St. Louis, MO; or Salt Lake City, UT; offices shall be submitted through the appropriate Deputy Administrator, OBF, or ITSD.
- All requests from the Offices of the Deputy Administrators, Office of the Administrator, OBF, or ITSD shall be submitted to the Associate Administrator.

After completing this review process, the request shall be submitted to the Administrator for decision.

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2 Action (Continued)

C Approval Process (Continued)

After the Administrator makes a determination, the form shall be sent to the originating office. After approval is received, the manager shall attach a copy when the Request for Personnel Action is initiated in Web52.

A template for the hiring control preclearance approval request is available for download at <http://fsaintranet.sc.egov.usda.gov/ffas/hrd/default.htm>.

Hiring Control Approval Request Format

Farm Service Agency Preclearance 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:

Name of Individual Who Vacated Position:

Point of Contact for Additional Information:

(Name, Telephone Number, and FAX 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