

## Superior Qualifications and Special Needs Appointments

Name of Appointee	Organization Title	Sub Division	Duty Station	Date of Appointment
Position Title	Pay Plan	Series	Grade	Step
Salary				

Justification Statement (*attach additional sheets, if necessary*)

Name of Recommending Official	Title of Recommending Official		
Signature of Recommending Official			Date
Name of Approving Official	Title of Approving Official		
Signature of Approving Official		Date	Salary