United States Department of Agriculture Marketing and Regulatory Programs	Superior Qualifications and Special Needs Appointments				
Name of Appointee:	Organization Title:	Sub Division:	Duty S	Station:	Date of Appointment:
Position Title:	Pay Plan:	Series:	Grade:	Step:	Salary:
Justification Statement (attach additional sh	heets, if necessary)				
News of December 11 or Official		T:0 4 E	N	Official	
Name of Recommending Official:		litle of F	Recommendii	ng Official:	
Signature of Recommending Official:					Date:
Signature of Recommending Official.					Date.
Name of Approving Official:		Title of	Approving O	#inial:	
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Approved:					
Approved: ☐ Disapproved: ☐ Comments:					
Comments:					
Signature of Approving Official:				Date:	Salary:
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