

**U.S. Office of Personnel Management  
Agency Request to Pass Over a Preference Eligible or Object to an Eligible**

**Part A - Qualifications or Conduct Reasons**

**INSTRUCTIONS:** This form must be used to object to an eligible or to request authority to pass over a preference eligible and appoint a nonpreference eligible. Submit this form in duplicate along with all available information and documents considered pertinent to the case, i.e., vacancy announcement, position description, application, certificate of eligibles, service record, etc. One copy will be returned to you with the decision. Pending approval of an agency's objection to an eligible or request for pass over, the agency may not appoint an eligible who would be within reach only if the action is approved. Specific processing and mailing instructions are in the *Delegated Examining Operations Handbook*, Chapter 6, Section D, Object to an Eligible. Reference 5 CFR 332.406.

1. Agency Contact ( <i>Name and Mailing Address</i> )	2. E-mail Address		
	3. Telephone Number		
4. Name and Address of Eligible ( <i>First, MI, Last – Street, City, State and ZIP Code</i> )	5. Rating	6. Certificate Number	7. Date of Certificate
	8. Position Title and Grade or Equivalent		
	9. Title of Examination		

**Reasons for Objection/Pass Over**

- We object to the eligible indicated above for reasons of:
- Qualifications       Conduct (under 5 CFR 731)
- We propose to pass over this preference eligible to select a nonpreference eligible for reasons of:
- Qualifications       Conduct (under 5 CFR 731)
- Veteran has a service-connected disability of 30 percent or more and has been notified of this action, of the reasons for it, and of his or her right to respond to the U.S. Office of Personnel Management within 15 days of the notice in accordance with 5 U.S.C. 3318(b)(2).  
(*Attach copy of notification.*)

**REASONS:** State reasons specifically and clearly so that the significance is readily apparent. Eligibles have the right to request and review the reasons for these actions. The reasons, therefore, cannot be considered confidential. (*Attach additional sheet, if necessary.*)

Signature and Title of Agency Appointing Official	Telephone Number ( <i>Including Area Code</i> )	Date ( <i>Month, Day, Year</i> )
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**OPM/Agency Decision**

- The action is sustained and the eligible is removed from consideration.
- The action is not sustained for the following reasons:

Signature and Title of Agency Official or OPM Official	Date ( <i>Month, Day, Year</i> )
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## Part B – Medical Reasons for Passing Over a Preference Eligible

**INSTRUCTIONS TO AGENCY APPOINTING OFFICIAL:** Use of Part B is restricted to medical decisions resulting in a pass over of a preference eligible. A pass over is an objection submitted by an agency against a preference eligible that results in the selection of a non-preference eligible.

A CP-S eligible is a veteran with a service-connected disability of 30 percent or more determined by the Department of Veterans Affairs or a branch of the Armed Forces. When submitting this form in duplicates, be sure to attach a position description, the eligible's application or work history and all pertinent, current medical evidence and prior reports leading to your decision. One copy of this form will be returned to you with OPM's decision. Specific processing and mailing instructions are in the *Delegated Examining Operations Handbook*, Chapter 6, Section D, Object to an Eligible. Reference 5 CFR 339.

1. Agency Contact ( <i>Name and Mailing Address</i> )	2. E-mail Address		
	3. Telephone Number		
4. Name and Address of Eligible ( <i>First, MI, Last – Street, City, State and ZIP Code</i> )	5. Rating	6. Certificate Number	7. Date of Certificate
	8. Position Title and Grade or Equivalent		
	9. Title of Examination		

### Action Proposed

- Pass over the preference eligible named above and select a non-preference eligible
- Pass over the veteran named above with a service-connected disability of 30 percent or more and select a non-preference eligible. The veteran has been notified of this action, the reasons for it, and his or her right to respond to the U.S. Office of Personnel Management within 15 days of the notice in accordance with 5 U.S.C. 3312(b). (*Attach copy of notification.*)

**Medical Reasons:** Briefly explain your decision as it relates to the physical requirements and environmental conditions of the position.  
(*Attach additional sheet, if necessary.*)

Name and Title of Agency Appointing Official	Telephone Number ( <i>Including Area Code</i> )	Date ( <i>Month, Day, Year</i> )
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### OPM Decision

- Action is sustained (*See remarks concerning applicant's future eligibility for these positions.*)
- Action is not sustained for reasons noted under Remarks.

### Remarks

Signature and Title of OPM Official	Date ( <i>Month, Day, Year</i> )
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