SF 62
Revised 10/79
U.S. Office of Personnel Management
FPM Chapter 332

Agency Request To Pass Over a Preference Eligible or Object to an Eligible

Side A - For Qualifications of Suitability Reasons

(Complete Side A and submit in triplicate to the examining office which issued the certificate.)

INSTRUCTIONS: Reference FPM Chapter 332, Subchapter 4, and Appendix B. This form should 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 triplicate along with all available information and documents considered pertinent to the case, i.e., position description, application, 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.

1. Name and Address of Eligible *(First, MI, Last--Street, City, State and ZIP Code)*	2. Rating	3. Certificate Number	4. Date of Certificate
	5. Position Title and Grade		
	6. Title of Examination		

Reasons for Objection/Passover

☐ We object to the eligible indicated above for reasons of: ☐ Qualifications ☐ Suitability

☐ We propose to pass over this preference eligible to select a nonpreference eligible for reasons of: ☐ Qualifications ☐ Suitability

☐ 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 Office of Personnel Management within 15 days in accordance with Title 5 USC, 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 Officer	Telephone Number *(Including Area Code)*	Date *(Month, Day, Year)*

OPM Decision

☐ This action is sustained and the eligible is removed from consideration.

☐ The action is not sustained for the following reasons:

Signature and Title of OPM Official	Date *(Month, Day, Year)*

Name of Agency
City, State, and ZIP Code
(Type return address for use in a window envelope.)

Destroy Previous Editions Upon Receipt
NSN-7540-00-634-4017

SF 62
Revised 10/79
U.S. Office of Personnel Management
FPM Chapter 339

Side B - Medical Reasons for Passing Over a Preference Eligible or Rejecting a CP-S Eligible

(Complete Side B and submit in triplicate to: U.S. Office of Personnel Management; Medical Division; 1900 E Street NW; Washington, DC 20415; Attn: pre-employment section.)

INSTRUCTIONS TO AGENCY APPOINTING OFFICER: Use of this side of the form is restricted to medical decisions resulting in a passover of a preference eligible or rejection of a CP-S eligible.
A passover is an agency proposal to select a nonpreference eligible when a higher ranking preference eligible is within a group of three applicants under consideration for a position.
A CP-S eligible is a veteran with a service connected disability rated at 30 percent or more by the Veterans Administration or a branch of the Armed Forces.
When using this form, be sure to attach a position description, the eligible's SF-171 or work history and all pertinent, current medical evidence and prior reports that led to your decision. One copy of this form will be returned to you with the OPM decision in the designated section below.
Detailed explanations of these procedures are contained in FPM Chapter 339, Subchapter 3-2(f).

1. Name and Address of Eligible *(First, MI, Last--Street, City, State and ZIP Code)*	2. Rating	3. Certificate Number	4. Date of Certificate
	5. Position Title and Grade		
	6. Title of Examination		

Reasons for Objection/Passover

☐ Pass over the preference eligible named above and select a nonpreference eligible.

☐ Reject or pass over the CP-S eligible named above. (This person has been notified of our action and of his/her right to respond within 15 days to the OPM medical office in accordance with Title 5, USC, 3312 and 3318. A copy of this notification is attached.)

Medical Reasons (Briefly explain your decision as it relates to the physical requirements and environmental conditions of the position.)

Signature and Title of Agency Appointing Officer	Telephone Number *(Including Area Code)*	Date *(Month, Day, Year)*

OPM Decision

☐ Action is sustained (See Remarks concerning applicant's future eligibility for these position.)

☐ Action is not sustained for reasons noted under Remarks.

REMARKS

OPM Medical Officer's Signature	Date *(Month, Day, Year)*

Name of Agency
City, State, and ZIP Code
(Type return address for use in a window envelope.)

*** U.S. GPO: 1988-201-760/60319)**