

**INDIAN HEALTH SERVICE  
SERVICE CREDIT FOR ANNUAL LEAVE**

**CASE CHECKLIST FOR SUBMISSION TO AREA HR DIRECTORS**

**Candidate's Name:** \_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_

**HR Contact for Case:** \_\_\_\_\_

**Justification and Service Agreement**

Correct position title and pay plan, series, and are grade entered.  
One to two sentences are provided for each justification question.  
The service to be credited and SCD-Leave match the values from the SCAL Calculator spreadsheet.  
Form has been signed by the HR Case Preparer and the Area Director. The selectee may sign either before or after approval and final review (must sign prior to EOD).

**SCAL Calculator**

Fully completed and delineating each period of non-Federal or uniformed services experience being credited.  
Experience being credited directly relates to the duties of the new position. Dates of employment align with work history on resume.  
Any overlapping positions are adjusted to credit no more than full-time work for any period of time.

**Additional Required Documentation**

Resume  
Job Opportunity Announcement or other public notice  
Position Description  
DD-214 or other appropriate documentation of uniformed service (if applicable)

**Any Personally Identifiable Information (PII) is redacted on all paperwork**