

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

CASE CHECKLIST

Candidate's Name: _____

Proposed Effective Date: _____

HR Contact for Case: _____

Justification Form

- Correct position title and pay plan, series, and are grade entered.
- One to two sentences are provided for each justification question.
- Document has been signed by the HR Specialist and the Approving Official (Area Director). The selectee may sign either before or after approval.

Service Agreement

- The service to be credited and SCD-Leave match the results from the SCAL Calculator Workbook.
- The appropriate annual bi-weekly leave accrual rate has been indicated
- The Service Agreement has been signed by the Recommending Official (service unit CEO or designee), the Approving Official (Area Director or designee), and the HR specialist.

SCAL Calculator

- Fully completed and delineating each period of non-Federal or uniformed services experience being credited.
- All experience being credited is directly related to the duties of the new position.
- Dates of employment align with work history on resume unless overlapping positions equal over 40 hours per week.
- Any overlapping positions are adjusted to equal no more than 40 hours per week of combined creditable service. See Attachment F of the SOP for a case example.

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