

**Presidential Management Fellows (PMF) Program
Executive Resources Board (ERB) Certification Form**

PRIVACY ACT STATEMENT:

Authority: 5 CFR 362.405 requires all Presidential Management Fellows to obtain ERB certification in meeting program requirements prior to conversion to the competitive service.

Purpose: The agency's ERB, or its equivalent, must certify whether a Presidential Management Fellow (PMF; Fellow) has successfully completed the Program as outlined in 5 CFR 362.405. For those agencies not required to have an ERB, equivalent means the senior agency official or officials who have been given responsibility for executive resources management and oversight by the agency head.

The ERB certification process was designed to protect the prestige and competitive nature of this Presidential program while reinforcing the agency's commitment to succession planning. Guidance in 5 CFR 362.405(d)(1) specifies that, upon a Fellow's completion of the Program, the appointing agency's ERB must evaluate each Fellow and determine whether it can certify in writing that the Fellow met all of the requirements of the Program, including the performance and developmental expectations set forth in the individual's performance plan and Individual Development Plan (IDP).

Routine Uses: The information will be used by the Fellow, his/her supervisor, and appropriate agency personnel to document and track the Fellow's program requirements. In addition, this form may be used to document the ERB's decision and used to authorize the Fellow's conversion to the competitive service.

Disclosure: Use of this form and furnishing this information is optional; agencies may utilize alternative formats. Failure to furnish this information may delay or prevent the certification and conversion of the Fellow.

BACKGROUND AND INSTRUCTIONS FOR PREPARING THE ERB CERTIFICATION FORM:

The agency must complete its evaluation, make a decision regarding certification of successful completion, and notify the Fellow, no later than 30 calendar days prior to the expiration of the Fellow's appointment in the Program. ERBs may also determine that a Fellow has not successfully completed the Program and will not be appointed upon completion.

The Fellows appointment expires at the end of the 2-year fellowship period. At that time, if the Fellow has not been granted an extension or has not successfully completed the Program, the Fellows appointment terminates.

According to 5 CFR 362.408, if an agency ERB does not certify successful completion of the program and as a result does not convert the Fellow at the end of the Program or extend the individual's initial appointment, the appointment expires when certification for Program completion is denied. The agency must provide written notification to OPM, via the PMF Program Office, when a Fellow is terminated for this or any reason.

Fellows must meet the agency's certification of program completion or they cannot be converted to the competitive service. Guidance in 5 CFR 362.405(d)(4)(i) and (ii) states that if the ERB decides not to certify a Fellow, the Fellow may request reconsideration of that determination by the OPM Director, or designee. Such reconsideration must be requested in writing, with appropriate documentation and justification, within 15 calendar days of the date of the agency's decision. The Fellow may continue in the Program pending the outcome of his or her request for reconsideration, and the agency must continue to provide appropriate developmental activities during this period. The determination of OPM shall be final and not subject to further review or appeal.

The agency ERB can establish its own procedures for conducting the review, but must consider whether: (1) the Fellow has met all of the requirements of the Program, as outlined in the Program regulations found at 5 CFR 362, (2) has demonstrated successful performance according to the individual's performance plan, and (3) has achieved the developmental expectations set forth in the Individual Development Plan (IDP). This may be conducted through a document review or other methods agreed upon by the ERB. The results of the ERB certification are to be forwarded to OPM (via the PMF Program Office) or recorded by the designated Agency PMF Coordinator in the PMF Program's Talent Acquisition System.

Fellows reappointed late in their tenure to a new agency or position, and/or needing additional time to satisfy developmental requirements for the target position, may require an extension. Agencies have the authority to extend a PMF appointment up to 120 days to give agencies greater flexibility to satisfy this certification obligation; however, rendering an ERB decision 30 days prior to the extended appointment still applies and extensions should be used for rare and unusual circumstances.

The Fellow, Fellow's Supervisor, Agency PMF Coordinator, and ERB Chairperson (or equivalent) should fill this form out. A Fellow's Mentor may be consulted as well.

PART I – FELLOW: This section should be filled out by the Fellow or the Agency PMF Coordinator, and submitted to the Fellow's Supervisor to fill out PART II. (NOTE: Check with the Agency PMF Coordinator for any agency-specific policies and procedures.)			
1. Full Name (last, first, middle initial):		2. Entry On Duty (EOD) (Start Date of Fellowship) (mm/dd/yyyy):	
3. PMF Class (year of becoming a Finalist):		4. Agency/Sub-Agency/ Office (do not abbreviate):	
5. Work Phone Number:		6. Fellow's Work Email Address:	
7. Title/Series/Grade (e.g., Program Analyst, GS-0343-09):	7a. At Initial Appointment:		
	7b. At Present:		
8. Before routing to Supervisor, Fellow is to attach copies of: <input type="checkbox"/> Individual Development Plan (IDP) <input type="checkbox"/> Performance evaluation/rating (for each year) <input type="checkbox"/> Other documentation (e.g., developmental assignment evaluations, training certificates, etc.)			

PART II – FELLOW'S SUPERVISOR: This section should be filled out by the Fellow's Supervisor and then submitted to the Agency PMF Coordinator to fill out PART III. Please indicate whether or not this PMF is a reappointment from another agency.			
1. Supervisor's Full Name, Title and Organization:			
2. Supervisor's Phone Number:		3. Supervisor's Email Address:	
4. Has this Fellow completed at least 160 hours of formal training, in accordance with 5 CFR 362.405(b)(2)? (See attached IDP)	<input type="checkbox"/> 4a. YES (training completed as indicated in attached IDP)		
	<input type="checkbox"/> 4b. TENTATIVE (will be completed prior to conversion date)		
	<input type="checkbox"/> 4c. NO (training hours have not been fully met)		
5. Has this Fellow completed at least one 4-6 month developmental assignment (not to be confused with rotations), in accordance with 5 CFR 362.405(b)(4)? (Developmental assignment(s) should be listed on Fellow's attached IDP.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has this Fellow performed satisfactory or better during his/her fellowship? (See attached evaluation/rating.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Was this PMF reappointed from another agency? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so indicate agency and original EOD.	7a. Original appointed agency/sub-agency (if reappointment occurred during fellowship):	7b. Verified Original Entry on Duty Date (Start Date of Fellowship) (mm/dd/yyyy):	
8. Indicate your <i>recommendation</i> for ERB certification or agency action, and submit to the Agency PMF Coordinator for next steps. Consult with your Agency PMF Coordinator for any questions.	<input type="checkbox"/> 8a. RECOMMEND Certification (requirements completed satisfactorily)		
	<input type="checkbox"/> 8b. DO NOT RECOMMEND Certification (note reasons below)		
	<input type="checkbox"/> 8c. OTHER (note resignation, termination, or other information below) Note: If an extension is needed, follow your agency's PMF extension procedures.		
9. COMMENTS: If recommending against certification, provide the reason(s) to the right. Indicate date (mm/dd/yyyy) and GS Grade (or equivalent) that the Fellow resigned or was terminated, if applicable.			
10. If ERB certified, Fellow will be:	<input type="checkbox"/> 10a. CONVERTED, without a break in service, to a competitive service term or permanent appointment. <input type="checkbox"/> 10b. APPOINTED to a permanent position in an excepted service agency. <input type="checkbox"/> 10c. OTHER		
11a. Supervisor's Signature: _____			11b. Date: _____

PART III – AGENCY PMF COORDINATOR: This section should be filled out by the Agency PMF Coordinator and submitted with attached documentation to the ERB, or equivalent, for review and certification. The ERB Chairperson must notify the Fellow, Supervisor, Human Resources Office, and the Agency PMF Coordinator of its decision. The Agency PMF Coordinator must submit decision to OPM (via the PMF Program Office). Recording should be done in the PMF Program's Talent Acquisition System. Note deadlines for notifying Fellow of any actions.

1. Coordinator's Name:		2. Coordinator Role:		<input type="checkbox"/> 2a. Agency-wide PMF Coordinator <input type="checkbox"/> 2b. Sub-Agency PMF Coordinator
3. Coordinator's Phone Number:		4. Coordinator's Email Address:		
5. Indicate your <i>recommendation</i> for ERB certification or agency action and submit to the ERB, or equivalent, as appropriate:		<input type="checkbox"/> 5a. RECOMMEND Certification (requirements completed satisfactorily) <input type="checkbox"/> 5b. DO NOT RECOMMEND Certification (note reasons below) <input type="checkbox"/> 5c. OTHER (note resignation, termination, or other information below) Note: If extension is needed, follow your agency's PMF extension procedures.		
6. COMMENTS: If recommending against certification, provide the reason(s) to the right. Indicate date (mm/dd/yyyy) and GS Grade (or equivalent) that the Fellow resigned, or was terminated, if applicable.				
7. Has the Fellow's agency processed and submitted appointment reimbursement to the PMF Program Office at OPM for this PMF appointment (reimbursement is due within 30-days upon a Fellow's initial appointment)?				<input type="checkbox"/> YES <input type="checkbox"/> NO
8a. Agency PMF Coordinator's Signature:			8b. Date (mm/dd/yyyy):	
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PART IV – EXECUTIVE RESOURCES BOARD: This section should be filled out by the agency's ERB Chairperson, or equivalent, to indicate results of ERB certification process. Upon decision, please forward to the Agency PMF Coordinator for further processing.

1. ERB Chairperson's Full Name, Title and Organization:				
2. ERB Chairperson's Phone:		3. ERB Chairperson's Email Address:		
4. ERB Decision:		<input type="checkbox"/> 4a. CERTIFY Satisfactory Completion (5 CFR 362.405). The ERB has found this Fellow satisfactorily meets all program requirements, demonstrated successful performance, achieved the developmental expectations set forth in his/her attached Individual Development Plan, and is now certified to be converted to the competitive service. <input type="checkbox"/> 4b. DENY CERTIFICATION. The ERB has found that this Fellow has NOT satisfactorily met all program requirements, demonstrated successful performance, and/or achieved the developmental expectations set forth in his/her attached Individual development Plan and is NOT certified to be converted to the competitive service for the reasons below. Fellow will <u>not</u> be converted to the competitive service and the fellowship appointment will expire.		
5. COMMENTS: If recommending against certification, provide the reason(s) to the right.				
6a. ERB Chairperson's (or equivalent) Signature:			6b. ERB's Decision Date (mm/dd/yyyy):	
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