



memorandum

Director's Office

To/MS: Master Management
From/MS: John T. Mitchell, Jr., DIR, A100
Phone/Fax: 7-5101/5-2679
Symbol: DIR-06-009L
Date: June 12, 2006
Subject: Employment Actions

Effective immediately, the following protocol outlines the process that will be followed for all employment and staff augmentation actions. This protocol is being established to ensure that the Laboratory maintains a stable workforce and a sound fiscal profile for the future.

Subcontract Labor Support

Many Laboratory organizations use contractor support to augment their regular staffing needs. While there may be requirements for these types of arrangements, there are budgetary impacts that need to be analyzed. An in-depth study will be conducted to review the use of staff augmentation, including any contractual vehicle that provides for personnel to supplement the workforce. Until this review is complete, all requests for this type of support will be frozen. In emergency situations, the cognizant Principal Associate Director (PAD) can approve exceptions.

Employment Actions

Approval levels for employment actions are being revised until the end of the fiscal year to ensure we meet our goals of maintaining a stable workforce and a sound fiscal profile. The table below provides direction regarding what level of approval is required for each type of hiring action.

Hiring Action by Employment Category	PAD Approval	AD Approval	DL Approval
LANL Regular and Limited Term			
Post external job opening	X	X	X
Post internal job opening		X	X
Offer/hire external candidate		X	X
Offer/hire internal candidate		X	X
Offer through University Hiring Program	X	X	X
Conversion LANL Limited Term	X	X	X
Conversion of Post –Docs	X	X	X
Conversion of GRAs	X	X	X
Conversion of Apprentice Program Graduates (e.g. electrical/mechanical technicians)	X	X	X
Extension of Limited Term Assignment		X	X
Directed transfer inter-directorate (across)		X	X
Directed transfer intra-directorate (within)		X	X
Acting assignments		X	X
Change in pay status		X	X
Student/Postdoc			
Hire into student or postdoctoral program			X
Transfer student or postdoc between organizations			X
Laboratory Associate			
Rehire UC retiree as Lab Associate or Retired Fellow	X	X	X
Extend Laboratory Associate/Retired Fellow appointment		X	X

Please note the following clarifications:

- PADs will meet as a team to closely review and consider each action that will increase FTE count to ensure consideration is given to those that are crucial to mission and science capabilities, safety and compliance needs, and internal efficiencies.
- For positions that were advertised and a candidate was selected prior to June 1, 2006, PAD/AD approval is required prior to any offer being made.
- Management selections require next-level approval.
- Division Leaders hold responsibility for ensuring quality of hire.
- Directed transfers require gaining and losing DL and AD approval.
- Current Laboratory policies related to advertising and selection as outlined in [IP 701.1](#) must continue to be followed.
- The directed transfer process should be used to make any needed mapping adjustments.
- Requesting escorts through The Plus Group is allowable with division leader approval.

Please complete the attached form to request required approvals for employment actions or for staff augmentation exceptions.

Cy: HR Generalists via hrdeployed@lanl.gov
IM-9, A100



Request for Employment Action or Staff Augmentation Exception Approval

Instructions: This form will be used to request approval for employment actions or staff augmentation exceptions per the [June 9, 2006 Master Management Memo](#). Once the form and supplemental documents are completed and signed, forward to 4myhr, MS P125 or e-mail to 4myhr@lanl.gov.

Requesting Official	Z Number	Job Title	Organization
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1. Type of Employment Action

Proposed activity (*check one*):

<p>Post External Job Ad (<i>attach job ad</i>)</p> <input type="checkbox"/> Regular <input type="checkbox"/> Limited Term <input type="checkbox"/> Staff Augmentation <p>Post Internal Job Ad (<i>attach job ad</i>)</p> <input type="checkbox"/> Regular <input type="checkbox"/> Limited Term <p>Offer Candidate</p> <input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Postdoc <input type="checkbox"/> Student <input type="checkbox"/> Apprentice Program Graduate <input type="checkbox"/> University Hire Program <input type="checkbox"/> Staff Augmentation <p>Hire or Extension of UC Retiree as an (<i>attach justification memo</i>)</p> <input type="checkbox"/> Associate <input type="checkbox"/> Fellow <p>Staff Augmentation Exceptions</p> <input type="checkbox"/> Establish Task Order Agreement (<i>attach statement of work</i>) <input type="checkbox"/> Establish Consultant Agreement (<i>attach consultant agreement request Form 1098</i>) <input type="checkbox"/> Obtain Temporary Clerical Support (The Plus Group) (<i>attach request for secretarial assistance Form 1716</i>)	<p>Directed Transfer (<i>attach justification memo</i>)</p> <input type="checkbox"/> Inter-Directorate (<i>across</i>) <input type="checkbox"/> Intra-Directorate (<i>within</i>) <p>Acting Assignment</p> <input type="checkbox"/> Less than 90 days <input type="checkbox"/> More than 90 days <p>Conversion from Limited Term to Regular (<i>attach justification memo</i>)</p> <input type="checkbox"/> LANL <input type="checkbox"/> Postdoc <input type="checkbox"/> GRA <input type="checkbox"/> Apprentice program Graduates <p><input type="checkbox"/> Extension of Limited Term Appointment (<i>attach justification memo</i>)</p> <p><input type="checkbox"/> Change in Pay Status i.e. Full Time to Part Time</p> <p><input type="checkbox"/> Other _____</p>
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2. Action Falls Under Which of the Areas Below

<input type="checkbox"/> Mission and Science Capabilities <input type="checkbox"/> Safety and Compliance Needs	<input type="checkbox"/> Internal Efficiencies <input type="checkbox"/> Other _____
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3. Describe Consequences if the Action is not Approved

4. Describe efforts that were used (or will be used) to cover staffing need through re-deployment of existing staff

5. Funding

Funding is sufficient to support this position? Yes No

What are the funding source(s)?

Indirect:

- Recharge
- Organization Support
- G&A
- Infrastructure Support

Direct

Projected Duration: _____

6. Approval

Requesting Official Name: _____ Organization: _____
Signature: _____ Date: _____

Human Resources Name: _____ Organization: _____
Signature: _____ Date: _____

Budget Manager Name: _____ Organization: _____
Signature: _____ Date: _____

Division Director Name: _____ Organization: _____
(Direct transfers require losing and gaining Division Director signatures)
Signature: _____ Date: _____

Division Director Name: _____ Organization: _____
(Direct transfers require losing and gaining Division Director signatures)
Signature: _____ Date: _____

Associate Director Name: _____ Organization: _____
(Direct transfers require losing and gaining Division Director signatures)
Signature: _____ Date: _____

Associate Director Name: _____ Organization: _____
(Direct transfers require losing and gaining Division Director signatures)
Signature: _____ Date: _____

Principal Associate Director Name: _____ Organization: _____
Signature: _____ Date: _____