

## Request for OMB Review

Certified By

## Important

Read instructions before completing form. Do not use the same SF 83 to request both an Executive Order 12291 review and approval under the Paperwork Reduction Act.

Answer all questions in Part I. If this request is for review under E.O. 12291, complete Part II and sign the regulatory certification. If this request is for approval under the Paperwork Reduction Act and 5 CFR 1320, skip Part II, complete Part III and sign the paperwork certification.

Send three copies of this form, the material to be reviewed, and for paperwork—three copies of the supporting statement, to:

Office of Information and Regulatory Affairs  
Office of Management and Budget  
Attention: Docket Library, Room 3201  
Washington, DC 20503

## PART I.—Complete This Part for All Requests.

1. Department/agency and Bureau/office originating request

2. Agency code

U. S. Nuclear Regulatory Commission

3 1 5 0

3. Name of person who can best answer questions regarding this request

Mike Callahan

Telephone number

(301) 492-8263

4. Title of information collection or rulemaking

NRC 212A, Qualifications Investigation, Secretarial/Clerical

5. Legal authority for information collection or rule (cite United States Code, Public Law, or Executive Order)

42 USC 2201(o) or

6. Affected public (check all that apply)

1 ☒ Individuals or households3 ☐ Farms5 ☐ Federal agencies or employees2 ☐ State or local governments4 ☐ Businesses or other for-profit6 ☐ Non-profit institutions7 ☐ Small businesses or organizations

## PART II.—Complete This Part Only if the Request is for OMB Review Under Executive Order 12291

7. Regulation Identifier Number (RIN)

or, None assigned ☐

8. Type of submission (check one in each category)

## Classification

1 ☐ Major2 ☐ Nonmajor

## Stage of development

1 ☐ Proposed or draft2 ☐ Final or interim final, with prior proposal3 ☐ Final or interim final, without prior proposal

## Type of review requested

1 ☐ Standard2 ☐ Pending3 ☐ Emergency4 ☐ Statutory or judicial deadline

9. CFR section affected

CFR

10. Does this regulation contain reporting or recordkeeping requirements that require OMB approval under the Paperwork Reduction Act and 5 CFR 1320?

☐ Yes ☐ No

11. If a major rule, is there a regulatory impact analysis attached?

1 ☐ Yes 2 ☐ No

If "No," did OMB waive the analysis?

3 ☐ Yes 4 ☐ No

## Certification for Regulatory Submissions

In submitting this request for OMB review, the authorized regulatory contact and the program official certify that the requirements of E.O. 12291 and any applicable policy directives have been complied with.

Signature of program official

Date

8511010253 851028  
PDR ORG EUSOMB  
PDR

12. (OMB use only)

**PART III.—Complete This Part Only if the Request is for Approval of a Collection of Information Under the Paperwork Reduction Act and 5 CFR 1320.**

13. Abstract—Describe needs, uses and affected public in 50 words or less "Civil Service appointment, employment, hiring"

Information received is used to determine qualifications and suitability of applicants for employment with the NRC.

14. Type of information collection (check only one)

*Information collections not contained in rules*

1 ☒ Regular submission

2 ☐ Emergency submission (certification attached)

*Information collections contained in rules*

3 ☐ Existing regulation (no change proposed)

6 Final or interim final without prior NPRM

4 ☐ Notice of proposed rulemaking (NPRM)

A ☐ Regular submission

5 ☐ Final, NPRM was previously published

B ☐ Emergency submission (certification attached)

7. Enter date of expected or actual Federal

Register publication at this stage of rulemaking

(month, day, year):

15. Type of review requested (check only one)

1 ☐ New collection

2 ☐ Revision of a currently approved collection

3 ☒ Extension of the expiration date of a currently approved collection without any change in the substance or in the method of collection

4 ☐ Reinstatement of a previously approved collection for which approval has expired

5 ☐ Existing collection in use without an OMB control number

16. Agency report form number(s) (include standard/optional form number(s))

NRC 212A

22. Purpose of information collection (check as many as apply)

1 ☐ Application for benefits

2 ☐ Program evaluation

3 ☐ General purpose statistics

4 ☐ Regulatory or compliance

5 ☐ Program planning or management

6 ☐ Research

7 ☐ Audit

17. Annual reporting or disclosure burden

1 Number of respondents

2,000

2 Number of responses per respondent

1

3 Total annual responses (line 1 times line 2)

2,000

4 Hours per response

.25

5 Total hours (line 3 times line 4)

500

18. Annual recordkeeping burden

1 Number of recordkeepers

NA

2 Annual hours per recordkeeper

3 Total recordkeeping hours (line 1 times line 2)

4 Recordkeeping retention period

years

23. Frequency of recordkeeping or reporting (check all that apply)

1 ☐ Recordkeeping

**Reporting**

2 ☐ On occasion

3 ☐ Weekly

4 ☐ Monthly

5 ☐ Quarterly

6 ☐ Semi-annually

7 ☐ Annually

8 ☐ Biennially

9 ☐ Other (describe):

19. Total annual burden

1 Requested (line 17-5 plus line 18-3)

500

2 In current OMB inventory

500

3 Difference (line 1 less line 2)

0

**Explanation of difference**

4 Program change

5 Adjustment

20. Current (most recent) OMB control number or comment number

3150-0034

24. Respondents' obligation to comply (check the strongest obligation that applies)

1 ☒ Voluntary

2 ☐ Required to obtain or retain a benefit

3 ☐ Mandatory

21. Requested expiration date

12/31/88

25. Are the respondents primarily educational agencies or institutions or is the primary purpose of the collection related to Federal education programs? ☐ Yes ☐ No

26. Does the agency use sampling to select respondents or does the agency recommend or prescribe the use of sampling or statistical analysis by respondents? ☐ Yes ☐ No

27. Regulatory authority for the information collection

CFR

, or

FR

, or, Other (specify):

Atomic Energy Act of 1954, as amended

**Paperwork Certification**

In submitting this request for OMB approval, the agency head, the senior official or an authorized representative, certifies that the requirements of 5 CFR 1320, the Privacy Act, statistical standards or directives, and any other applicable information policy directives have been complied with.

Signature of program official

Date

Signature of agency head, the senior official or an authorized representative

Date

Patricia G. Norry, Director, Office of Administration

SUPPORTING STATEMENT  
FOR  
NRC FORM 212A,  
"QUALIFICATION INVESTIGATION,  
CLERICAL/ SECRETARIAL"

1. JUSTIFICATION

a. Need for the Information Collection

Information requested on NRC Form 212A is used to determine the qualifications and suitability of applicants for employment with the U.S. Nuclear Regulatory Commission. The completed form may be used to examine, rate and/or assess the prospective employee's qualifications. The information regarding the qualifications of applicants for employment is reviewed by professional personnel of the Division of Organization and Personnel, in conjunction with other information in the NRC files, to determine the qualifications of the applicant for appointment to the position under consideration.

b. Practical Utility of the Information Collection

NRC Form 212A is sent to former employers, supervisors, and other references indicated on job applications as a part of the investigation for suitability of external candidates for appointment. The information obtained on NRC Form 212A is reviewed and evaluated by personnel of the Division of Organization and Personnel in determining the qualifications of applicants for employment.

c. Duplication With Other Collections of Information

There are no alternative data sources which could be used to collect the information. Each response is for an individual applicant applying for a particular position. Because of this, other references which may be on file by former supervisors for other types of positions would be inappropriate. However, it should be noted that where the NRC has recent references on file and the positions which the applicant applied for are similar, no additional references are requested.

2. DESCRIPTION OF THE INFORMATION COLLECTION

a. Number and Type of Respondents

Two-thousand forms are completed annually by supervisors or former supervisors of external applicants who have applied for employment with the NRC.

b. Reasonableness of the Schedule for Collecting Information

The schedule for collecting information is regulated by the need generated by employment vacancies.

c. Method of Collecting the Information

The method for collecting needed information is through use of NRC Form 212A. It incorporates the best principles of conservation of resources available because the completed form is transmitted via mail or telecon.

d. Record Retention Period

There is no recordkeeping requirement.

e. Reporting Period

There is no reporting period required, the NRC Form 212A is requested prior to final hiring decision on best qualified candidates.

f. Copies Required to be Submitted

When this form is completed, one copy is required. Three different individuals are requested to provide information about the named individual's qualifications as they relate to the performance or duties by the applicant.

3. ESTIMATE OF BURDEN

a. Estimated Hours Required to Respond to the Collection

Past experience indicates that responding on this form takes about 15 minutes. The total estimated time to respond to the approximate 2000 forms used annually is 500 hours (.25 hours x 2000 forms).

b. Estimated Cost Required to Respond to the Collection

The estimated annual cost to respond to the information requested is \$30,000 (500 hours x \$60/hour).

4. ESTIMATE OF COST TO THE FEDERAL GOVERNMENT

The total estimated annual cost to the Federal Government for printing, handling, reviewing, and assessing the NRC Form 212A is \$12,000 (200 hours x \$60/hour).

Enclosure:  
NRC Form 212A

# QUALIFICATIONS INVESTIGATION

The applicant named below has applied for a secretarial/clerical position in the NRC. Please rate the applicant against the items below in respect to the period of time you either supervised or were personally acquainted with the applicant. Include any comments you may feel are relevant. Please return the completed form to me by the return date indicated above, sealed in the enclosed envelope and marked *For Addressee Only*.

TO:

APPLICANT'S NAME

POSITION APPLIED FOR

FROM:

PERSONNEL MANAGEMENT ANALYST  
DIVISION OF ORGANIZATION AND PERSONNEL  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555

This form is used for investigating the qualifications of external candidates for appointment. Items 19, 20 and 21 may be used by the Personnel Management Analyst when additional items are required. The candidate should not be rated on those items which have been lined out by the Personnel Management Analyst as not applicable.

SUPERIOR

ABOVE  
AVERAGE

AVERAGE

BELOW  
AVERAGE

NO BASIS

1. QUALITY OF WORK

2. AMOUNT OF WORK PRODUCED

3. TYPING

4. SHORTHAND

5. EFFECTIVE USE OF EQUIPMENT, MATERIALS AND TECHNIQUES RELATED TO WORK

6. THOROUGHNESS AND OBJECTIVITY IN CARRYING OUT WORK

7. ABILITY TO IDENTIFY PRIORITIES AND ORGANIZE WORK

8. ABILITY TO MEET DEADLINES

9. OFFICE SKILLS (Filing, photocopying, answering phones, etc.)

10. ABILITY TO ESTABLISH EFFECTIVE WORK RELATIONSHIP WITH

a. CO-WORKERS

b. HIGHER LEVEL OFFICIALS

c. REPRESENTATIVES OF INDUSTRY OR OTHER GOVERNMENT AGENCIES

11. ORAL EXPRESSION

12. WRITTEN EXPRESSION

13. ADAPTABILITY

14. DEPENDABILITY

15. INITIATIVE

16. CREATIVITY

17. ABILITY TO WORK EFFECTIVELY IN STRESSFUL SITUATIONS

18. WORK AND PERSONAL HABITS

19.

20.

21.

22. HOW WOULD YOU RATE APPLICANT IN REGARD TO POTENTIAL FOR FILLING JOB FOR WHICH APPLIED?

23. WOULD YOU REHIRE THIS CANDIDATE?

☐ YES

☐ NO

24. RELATIONSHIP TO APPLICANT ☐ SUPERVISOR ☐ CO-WORKER ☐ PROFESSIONAL ☐ OTHER (Specify)

ADDITIONAL COMMENTS (Please continue on reverse.)

NOTE: Consistent with the Privacy Act of 1974, this evaluation may be revealed to the applicant upon his or her request. However, if you request, your identity and other identifying information will be kept confidential. Please indicate below whether you desire your identity to be kept confidential.

☐ MY IDENTITY MAY BE REVEALED

☐ I REQUEST MY IDENTITY BE KEPT CONFIDENTIAL

SIGNATURE

DATE