



**DEPARTMENT OF VETERANS AFFAIRS**  
**CHIEF HUMAN CAPITAL OFFICER**  
WASHINGTON DC 20420

January 21, 2025

Ms. Lama Elsharif  
Citizens for Responsibility and Ethics



Re: Freedom of Information Act Tracking Number 25-03304-F

Dear Ms. Elsharif:

This is in response to your Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA) dated December 2, 2024, in which you requested copies of all delegations of authority to authorize, approve, or initiate a reduction in force; to implement a reduction in force; to define, establish, or identify one or more competitive areas; or to define, establish, or identify one or more competitive levels.

The Office of the Chief Human Capital (OCHCO) initially received your FOIA request on December 4, 2024, and processed it with tracking number 25-03304-F. In your request letter, you asked for the expedited processing of your FOIA request. Your request for expedited processing has been granted. In your request letter you also sought a fee waiver. Your request for a fee waiver has been granted. OCHCO's Recruitment and Placement Policy Service provides the following in response to your request:

VA Handbook 5005, Chapter 2-Delegations of Authority describes the delegation of authority as follows:

- The Secretary or designee(s) will approve reduction in force (RIF) and all furlough actions for positions centralized to the Secretary.
- Under Secretaries, Assistant Secretaries, other key officials, or their designees(s) in collaboration from OCHCO will approve all other actions within VA Central Office under their jurisdiction, and within field facilities under their jurisdiction requiring VA Central Office approval.
- Field facility directors will approve all RIF actions within their respective jurisdiction unless the action is for a centralized position or separating an employee without an assignment officer.

Veterans Health Administration (VHA) has additional policy guidance for RIF Delegation of Authority outlined in Appendix B.

- The Under Secretary for Health has delegated to network directors and facility directors the authority to conduct RIF procedures and effect reassignment,

Page 2.

Ms. Lama Elsharif

change-to-lower grade, and separation actions for title 5 employees in non-centralized positions.

Below, please find applicable references to the information requested above extracted from VA Handbook 5005, Part IV, Staff Reductions:

- Delegations of authority to authorize, approve, or initiate a reduction in force:
  - o VA Handbook 5005, Part IV, Chapter 2, Section A, Paragraphs 3 Delegations of Authority & 4 Requests to Take Action
  - o VA Handbook 5005, Part IV, Appendix B - Veterans Health Administration (VHA) RIF Redlegation of Authority (RCN 10-96-1)
  - o VA Handbook 5005, Part IV, Chapter 3, Title 38 Assignments, Reassignments, Details, and Furloughs
  
- Define, establish, or identify one or more competitive areas:
  - o VA Handbook 5005, Part IV, Chap 2, Section B, Competitive Areas
  - o VA Handbook 5005, Part IV, Appendix C – VHA RIF Delegation of Authority to Redefine Competitive Areas
  
- Define, establish, or identify one or more competitive levels.
  - o VA Handbook 5005, Part IV, Chapter 2, Section C, Competitive Levels and Retention Standing
  - o VA Handbook 5005, Part IV, Appendix D – Establishing Competitive Levels for Positions Filled Under 38 U.S.C. § 7401 (1)

### **FOIA Mediation**

As part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. Using OGIS services does not affect your right to pursue litigation. Under the provisions of the FOIA Improvement Act of 2016, the following contact information is provided to assist FOIA requesters in resolving disputes:

### **VA Central Office FOIA Public Liaison:**

Name: James Killens III

Email Address: [vacofiaservice@va.gov](mailto:vacofiaservice@va.gov)

Page 3.

Mr. Lama Elsharif

**Office of Government Information Services (OGIS)**

Email Address: [ogis@nara.gov](mailto:ogis@nara.gov)

Fax: 202-741-5769

Mailing address:

National Archives and Records Administration

8601 Adelphi Road

College Park, MD 20740-6001

**FOIA Appeal**

Please be advised that should you desire to do so; you may appeal the determination made in this response to:

Office of General Counsel (024)  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R. § 1.559, your appeal must be postmarked no later than 90 days of the date of this letter.

This concludes OCHCO's response to your request for FOIA tracking number 25-03304-F. If you have questions about this letter, please contact me at 202-658-9092.

Sincerely,

**MATTHEW**  
**GENTIL**  Digitally signed by MATTHEW GENTIL  
Date: 2025.01.21 16:23:19 -0500

Matthew V. Gentil

Enclosures

(2) Employees without assignment rights who have received specific [RIF] separation notices may be offered vacant, lower-grade positions without regard to the three-grade level limit which applies to bump and retreat. These offers may be made so long as the position would not constitute a better RIF offer to other competing employees. Eligible employees who voluntarily accept lower-graded positions will be entitled to grade and pay retention benefits.

### 3. DELEGATIONS OF AUTHORITY

a. The Secretary, or designee(s), will approve [RIF] act[RIF]ions involving positions centralized to the Secretary and all furloughs.

b. [Under Secretaries,] Assistant Secretaries, [Other Key Officials], or their designee(s), with the advice and assistance of the Office of Human Resources Management and Labor Relations, will approve all other actions within [VACO] elements under their jurisdiction, and within field facilities under the[ir] jurisdiction requiring [VACO] approval.

c. Field facility directors will approve all [RIF] actions within their respective jurisdictions unless the action involves a centralized position or separating an employee without an assignment offer.

### 4. REQUESTS TO TAKE ACTION

a. **Reduction in Force.** Field facility directors will submit a request, through channels and the Office of Human Resources Management and Labor Relations [ ], to the appropriate official listed in VA Directive 5005 before proceeding with [RIFs] that involve a centralized position or separating an employee without an assignment offer. This authority may be redelegated by officials listed in paragraph 3 [ ]. The Under Secretary for Health has delegated [RIF] authority as specified in appendix IV-B. Information regarding submitting proposed RIFs is provided on the [OHRM&LR Web site](#). The request will include the following information.

- (1) The reasons(s), among those in 5 CFR 351.201(a)(2), for the action;
- (2) The titles, series, grades, and numbers of all involved positions;
- (3) If the [RIF] occurs in a research project, the name of the project and principal investigator.

b. **Transfer of Function.** Field facility directors will submit a request, through channels and the Office of Human Resources Management and Labor Relations [ ], to the appropriate official listed in VA Directive 5005 before they separate or include in a concurrent [RIF] employees who decline to transfer with their functions. The request will include the information in subparagraph 4a(2) [ ].

c. **Furlough.** [Under Secretaries,] Assistant Secretaries, [Other Key Officials,] and field facility directors will submit a request, through channels and the Office of Human Resources Management and Labor Relations [ ], to the Secretary before proceeding with a furlough, whether under adverse action or [RIF] procedures. The request will include a description of the temporary conditions warranting a furlough, the information in paragraph 4a [ ], the proposed length of the furlough, including the beginning

## CHAPTER 3. TITLE 38 ASSIGNMENTS, REASSIGNMENTS, DETAILS, AND FURLOUGHS

### SECTION A. GENERAL

#### 1. SCOPE

a. Except as provided in subparagraph [1b], this chapter establishes procedures on:

[(1)] Assignments, reassignments, [details,] and furloughs of employees appointed under title 38, U.S.C. 7306 [and] 7401(1) [ ]; and

[(2)] Assignments of hybrid title 38 employees appointed under 38 U.S.C. 7401(3).

b. This chapter does not apply to:

(1) Transfers for performance or conduct under 38 U.S.C. 7461. (See VA Directive and Handbook 5021.)

(2) Separation of employees who fail to accept a properly directed transfer or reassignment based on disciplinary or performance reasons. (See VA Directive and Handbook 5021.)

(3) Furlough and RIF (including incident reassignments) of hybrid employees appointed under 38 U.S.C. 7401(3) [and RIFs of title 38 employees appointed under 7401(1)]. (See chapter 2, this part.)

[ ]

#### 2. REFERENCES

a. "PAID Personnel Operating Instructions," VA Manual MP-6, Part V, Supplement 1.5.

b. Title 38 U.S.C., Chapters 73 and 74.

c. VA Directive 5005.

#### 3. DEFINITIONS

a. **Assignment.** An assignment is a specified set of duties and responsibilities.

b. **Detail.** A detail is the temporary assignment of an employee to a different set of duties for a specified period of time. There is no formal position change; officially, employees continue to hold the position from which they were detailed and keep the same status and pay.

c. **Employee.** Unless otherwise specified, the term refers to employees covered by this handbook.

**PART IV**  
**CHAPTER 3**

d. **Furlough.** Placement of an employee in a temporary status without duties or pay because of a lack of work, funds, or other nondisciplinary reasons. Furloughs may be consecutive or non-consecutive days.

e. **Reassignment.** Reassignment is the temporary or permanent change:

(1) From one assignment to another under the same facility management involving an official personnel action (the reassignment need not be in the same commuting area); or

(2) From one assignment to another for reasons other than performance or conduct and involving different facilities.

[ ]

[f.] **Transfer.** The movement of an employee from one facility to another for performance or conduct reasons pursuant to 38 U.S.C. 7461.

[NOTE: See Appendix IV-E for additional definitions.]

#### **4. POLICY**

a. The authorities covered by this handbook are management tools which are to be used to assist in [providing] quality health care services in a cost efficient manner.

b. Efforts will be made to mitigate the adverse effects of [the] authorities covered by this handbook. However, primary consideration will be given to the efficient and effective accomplishment of the VA mission.

c. Approving officials will make maximum use of an employee's skills and capabilities[,] provide employees with opportunities for growth and development[,] and consider any personal problems of affected employees.

d. Employees will only be assigned duties and responsibilities for which they have appropriate credentials and there is a reasonable expectation that they will be able to perform satisfactorily.

e. Reassignments or changes of assignments requested by employees for their own convenience will normally be given favorable consideration when consistent with the needs of VHA.

[ ]

[f.] Management officials are responsible for meeting [ ] their labor relations obligations[.] This includes, but is not limited to, [developing] and implementing [local policies and procedures.]

**SECTION B. ASSIGNMENTS, REASSIGNMENTS AND DETAILS**

**1. CHANGES OF ASSIGNMENTS OTHER THAN REASSIGNMENTS.** Bargaining unit employees dissatisfied with changes in assignments may grieve the assignment under the negotiated grievance procedure. [Title 38 employees are permitted to grieve the assignment only to the extent consistent with 38 U.S.C. 7422]. Other employees may grieve using the following procedures:

- a. The employee may discuss the dissatisfaction with the official who approved the change.
- b. If the employee feels that the explanation given is not satisfactory, the employee may discuss the change of duty assignment with the next level supervisor, or their designee.
- c. After giving full consideration to the employee's reasons for dissatisfaction, the second level supervisor will advise the employee of the final decision.

**NOTE:** *Bargaining unit and non-bargaining unit employees may not grieve changes in assignments under the agency grievance procedure. See VA Handbook 5021, Part IV, Chapter 3, Paragraph 16x which excludes from coverage "all matters for which review procedures are already established in VA policy."*

**2. REASSIGNMENTS**

a. **Approval.** Officials are authorized to effect the reassignment of employees in positions over which they have personnel management approval authority. Reassignments are to be processed in accordance with VA Manual MP-6, Part V, Supplement No. 1.5.

**b. Reassignments [Related to Staff Reductions]**

(1) **Reassignments Within a Facility (and the Same Commuting Area).** Employees dissatisfied with reassignments within a facility (and the same commuting area), may express their dissatisfaction using the procedures in paragraph 1 above. If multiple labor agreements are involved, employees are to grieve under the procedures covering the position from which the employee is being reassigned.

(2) **Involuntary Reassignments Outside the Commuting Area or to Another VA Facility.** Employees shall be given a minimum of 30 days advance written notice. The notice should include:

- (a) The reason for the reassignment.
- (b) Information about the specific assignment, location and proposed effective date.

(c) A statement that employees may express their dissatisfaction through their negotiated grievance procedures or the grievance procedures in VA Directive and Handbook 5021. [Title 38 employees are permitted to grieve the reassignment only to the extent consistent with 38 U.S.C. 7422].

**NOTE:** *If a grievance is filed, the approving official may delay the reassignment until the grievance is resolved.*

(d) Notice that employees have an opportunity to accept or decline the reassignment. This includes advising employees when and where their decision is to be submitted.

(e) Notice that a declination or failure to make an election may result in separation.

(3) **Declination of Reassignment or Failure to Make Election.** Separations for declination of reassignment or failure to make an election will be effected in accordance with the notice procedures in VA Directive and Handbook 5021.

**NOTE:** *The specific advance notice in this chapter meets the 30 day notice requirement in VA Directive and Handbook 5021. Employees are not entitled to another 30 days notice prior to separation.*

[ ]

### 3. DETAILS

a. Details will be limited to the shortest amount of time possible.

b. Employees may be detailed to other assignments at their facility and to other VA facilities.

c. If a temporary reassignment rather than detail could benefit an employee (e.g., re[-]computation of basic or [other] pay), consideration should be given to temporarily reassigning an employee to the position.

**NOTE:** *For instructions concerning interagency details and interagency loans and for temporary assignments under the Intergovernmental Personnel Act of 1970, see part III of this handbook.*

d. Any detail in excess of 30 days will be documented in accordance with the provisions of OPM's Processing Personnel Actions Handbook and MP-6, Part V, Supplement 1.5, [Chapter 3 and Appendix C].

e. Employees dissatisfied with a detail may express their dissatisfaction using the procedures outlined in paragraph 1 of this section.

[ ]

**SECTION [C]. TITLE 38 FURLOUGHS**

**1. FURLOUGHS OF 30 DAYS OR LESS.** [Title 38 employees appointed under the authority of 38 U.S.C. 7401(1),] may be furloughed for 30 calendar days or less based on an assessment of which assignments will be most critical to the continuing operations of the organization during the period of furlough. [(For furloughs of 30 days or less for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part)].

**2. FURLOUGHS OF MORE THAN 30 DAYS.** [Title 38 employees appointed under the authority of 38 U.S.C. 7401(1),] shall be identified for furloughs for more than 30 calendar days in accordance with the procedures for identifying employees for [reduction in force]. (See chapter 2, section F, paragraph 3, [this part.] (For furloughs of more than 30 days for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part.)]

**3. LENGTH OF NOTICE PERIOD**

a. Whenever possible, employees will be given 30 calendar days advance written notice.

b. This notice period may be shortened or waived only in the event of circumstances not controllable by Department officials, such as sudden emergencies requiring immediate curtailment of activities.

**4. CONTENTS OF NOTICE.** The written notice shall advise the employee of:

a. The reason(s) for the furlough.

b. The effective date(s) and expected duration of the furlough.

c. The basis for identifying the employees to be furloughed when only some of the employees in an organizational unit are to be furloughed.

d. The circumstances which warrant waiver of the 30 day notice requirement, if applicable.

e. The place where the employee may inspect the applicable regulations and records.

f. The employee's right to appeal. (See paragraph 5.)

g. Any effects of the furlough on the employee's entitlement to retirement, life and health insurance, or any other benefits.

**5. APPEALS[.]** Bargaining unit employees whose furloughs are approved by the Under Secretary for Health may express their dissatisfaction through applicable negotiated grievance procedures. [Title 38 employees are permitted to grieve the furlough only to the extent consistent with 38 U.S.C. 7422]. Employees not [in a bargaining unit] may express their dissatisfaction using the procedures [in VA Directive and Handbook 5021, except that employees appointed under 38 U.S.C. 7401(1) may request a hearing and the scope of the grievance shall be limited to application of the appropriate procedures.]

PART IV

CHAPTER 3

[]

**6. RECORDS OF FURLOUGH ACTIONS.** All records of furlough actions shall be retained at least [6] years from the effective date or until any appeal has been resolved, whichever is later.

## SECTION B. COMPETITIVE AREAS

### 1. STANDARD COMPETITIVE AREAS

#### a. Field Positions

(1) Normally, each VA facility under separate managerial authority, e.g., medical center, independent outpatient clinic, regional office, cemetery, and data processing center and its satellite positions and activities within the commuting area, constitutes a competitive area.

(2) Satellite positions and activities outside the commuting area of their parent facilities, e.g., Veteran Representatives on campus, satellite outpatient clinics, "vet centers," also constitute separate competitive areas for each commuting area.

(3) When two or more installations in the same administration or staff office in a local commuting area have a single organizational unit which provides "common service" functions, such as Human Resources, finance, or supply, the servicing office is included in the competitive area of the installation that has administrative authority over the servicing office.

(4) A field element of an administration or staff office which is located at and serviced by a VA facility, but under separate managerial and appointing authority, constitutes a separate competitive area. An example would be Regional Counsel offices at regional offices and medical centers.

(5) Positions in the field for which employment matters are centralized to VACO, such as associate directors and division chiefs, are included in the competitive area of the local facility.

(6) Different funding sources alone are no basis for establishing separate competitive areas.

#### b. Central Office Positions

(1) The Office of the Secretary and each office of an Under Secretary, Assistant Secretary, or Other Key Official, constitute separate competitive areas.

(2) VACO employees with a duty station outside of the Washington, DC, metropolitan area, such as information specialists in the Office of Public Affairs and resident engineers in the Office of Facilities, are in separate competitive areas for each administration or staff office and each commuting area. They are not included in the Washington, DC, competitive areas or in any other competitive areas in their commuting areas.

(3) Positions in the Office of Inspector General (OIG) may not be placed in the same competitive area as positions outside the OIG.

**PART IV**

**CHAPTER 2**

**2. AUTHORITY TO REDEFINE COMPETITIVE AREAS.** Under Secretaries, Assistant Secretaries, and Other Key Officials, with the advice and assistance of the Office of Human Resources Management [ ] may redefine competitive areas for organizations under their jurisdictions, provided such redefinitions are in accordance with 5 CFR, part 351, fully justified and documented to ensure that such action is clearly in the best interest of VA. The Under Secretary for Health has delegated authority to redefine competitive areas as specified in appendix IV-C.

**SECTION C. COMPETITIVE LEVELS AND RETENTION STANDING**

**1. ESTABLISHMENT OF COMPETITIVE LEVELS.** Human Resources Management Officers (HRMOs) are responsible for assigning competitive levels.

a. Within each competitive area, the HRMO, or designee, groups interchangeable positions into competitive levels. A competitive level includes positions with the same grade, series, qualification requirements, duties, responsibilities, and work schedule. Competitive [service positions (title 5)] and excepted service positions [(title 5, title 38, and hybrid title 38)] are placed on separate competitive levels. Separate competitive levels are also established for positions that are full-time, part-time, intermittent, seasonal, on-call, or filled as part of a formally designated trainee or developmental program. The competitive level is based on each employee's position description[ ], functional statement[, privileges, and scope of practice]. Positions that are similar (for example, same grade, series, qualifications, and work schedule) but are not identical (for example, slightly different duties [and responsibilities]), may be placed in the same competitive level if the employee of one position could satisfactorily perform the critical tasks of the other position [without undue interruption within allowable limits of time and quality in patient care. Generally, the employee should be able to successfully perform the critical tasks of the position within 90 days after entering the position (further guidance regarding the determination of appropriate time frames can be found in OPM's Restructuring Handbook). Positions should not be placed in the same competitive level if the privileges, scopes of practice, and clinical responsibilities are different. Guidance on establishing competitive levels for title 38 positions is located in Appendix IV-D.]

b. Competitive service employees with time-limited appointments of 1 year or less and temporary excepted service employees who have served 1 year or less [are not competing employees in a RIF and] are not listed in a competitive level. These employees are terminated before any employee covered by OPM retention regulations is reached for a RIF action. Temporary excepted service employees who are employed under a temporary appointment limited to 1 year or less, but who have completed 1 year of current continuous service under a [previous] temporary appointment with no break in service of 1 workday or more, [are competing employees in a RIF and] are placed in a competitive level.

**2. CREDIT FOR PERFORMANCE**

a. The annual summary performance [and proficiency] ratings of record are the official ratings used for crediting performance during a RIF. Guidance on processing annual performance [and proficiency] ratings of record used is contained in VA Directive and Handbook 5013, Performance Management Systems. Additional guidance on the annual performance rating crediting procedures to be used for retention service credit is contained in 5 CFR 351.504 and subparagraphs 2b through 2g of this section.

b. VA is required to treat all employees within a RIF competitive area in a uniform and consistent manner. Any competing employee receiving a Satisfactory or equivalent performance rating, [e.g., Fully Successful or Successful,] will receive 12 years of additional service credit; any competing employee receiving an Excellent or equivalent rating, [e.g., High Satisfactory or Highly Successful,] will receive 16 years of additional service credit; and any employee receiving an Outstanding or equivalent rating, will receive 20 years of additional service credit. The same service credit is granted regardless of the agency or organization that issued the rating.

**PART IV  
CHAPTER 2**

- c. In crediting performance for RIF purposes, the “look-back” period of 4 years applies. The [most recent] three ratings [received within the last four years prior to the RIF] will be used to determine performance credit. [The performance credit assigned to each of the] three ratings of record will be added together [ ] and divided by 3 [(in the case of a fraction the number is rounded to the next higher whole number)] to determine additional service credit, which will then be added to the employee’s service computation date.
- d. Under provisions of 5 CFR 351.504(c)(2), an employee who has received only one or two ratings during the 4-year period shall receive credit for performance on the basis of the ratings of record received divided by 1 or 2. For example, when only two ratings of record are available to be credited, these two ratings will be added together and divided by 2 (and rounded in the case of a fraction to the next higher whole number) to determine additional service credit. If there is only one rating of record available, use the value assigned to that rating for service crediting purposes.
- e. OPM has determined that an employee who has no rating of record during the 4-year period will receive the modal rating, i.e., the [summary rating level assigned most frequently within the competitive area and on record for the most recently completed appraisal period prior to the cutoff date specified (5 CFR 351.203 & 504(c)(1))]. However, in most instances, every employee in the competitive area [should] have at least one rating of record during the last 4 years. If at least one rating exists, a modal rating will not be required. [The modal rating for title 5 and hybrid employees will be determined separately from the modal rating for title 38 employees because of the differing performance systems.]
- f. Some agencies and organizations within the Federal government are not covered by the performance appraisal provisions in the law and regulations. Employees who have received ratings from such Federal organizations will be granted additional retention service credit in a RIF only when it is determined that those performance ratings are equivalent ratings of record under the provisions of 5 CFR 430.201(c). The Human Resources Officer or the RIF Team Leader will make the final determination on applicability. If the performance evaluation qualifies as an equivalent rating of record, the employee will be granted the appropriate service credit for each applicable rating of record in [accordance with subparagraphs c and d above].
- g. The cutoff date for performance ratings of record will be between 30 and 45 days prior to the date of the specific RIF notice. After the cutoff date, no new ratings will be put on record for RIF service credit purposes.

**3. ORDER OF RELEASE FROM COMPETITIVE LEVELS.** No competing employee will be released from a competitive level while retaining in that level an employee with a specifically limited temporary appointment, a specifically limited temporary or term promotion, or a written decision of a performance-based removal or demotion from the competitive level. Once such employees have been released, competing employees will be released in inverse order of retention standing except as provided in paragraphs 4 and 5 of this section.

**4. TIES.** As permitted by 5 CFR 351.601(b), the [ ] official who would normally make the selection for the position [from which the employee is being released] will determine, on the basis of qualifications [and competencies] for the specific position, which employee(s) will be retained when two or more employees on a retention register [have identical retention standing service dates. The tied employees who will be

released from the competitive level] will be notified in writing of the tie and the decision that they will not be retained [in the competitive level].

## 5. EXCEPTIONS TO RETENTION ORDER

a. Holders of the Congressional Medal of Honor employed as Contact Representatives (Veterans Benefits Counselors) under authority of Executive Order 9628 are exempt from RIF.

b. An employee who is being assigned to a position which will not be vacated until after the end of the 60-day notice period may be retained in his/her current position until the position becomes available but not to exceed 60 additional calendar days.

c. As permitted in 5 CFR 351.608, employees who have been reached for a RIF (separation) will be retained as a temporary exception to the retention order under the following conditions:

(1) An employee whose disability retirement has been approved by OPM will be separated when the person's earned sick leave is exhausted or on the date OPM approval is received, whichever is later.

(2) An employee who applies for disability retirement (or for whom VA has made such application) will be granted sick leave provided the responsible VA official agrees, on the basis of acceptable medical evidence, that the employee is incapacitated for duty in his/her present position. If OPM disapproves the request for disability retirement, the employee will be separated on the day VA is notified of the disapproval or on the scheduled effective date of the RIF, whichever is later. If OPM has not approved or disapproved the application for disability retirement by the time the employee's earned sick leave has been exhausted, the employee will be separated at that time or on the scheduled effective date of the RIF, whichever is later.

d. Field facility directors may approve temporary exceptions in the normal retention order for employees under their jurisdiction in other cases involving sickness, disability, or other issues covered by 5 CFR 351.608, such as near-term retirement eligibility. The Secretary, Under Secretaries, Assistant Secretaries, Other Key Officials, or their designee(s), may approve such exceptions for VACO employees and for employees located at field facilities who are not under the managerial authority of a field facility Director.

e. These officials are also authorized to approve temporary exceptions in the normal retention order for 90 days or less to continue an activity without undue interruption as described in 5 CFR 351.203. "Undue interruption" does not mean mere inconvenience. Serious inconvenience and even severe interruption of the work program are often the unavoidable results of a RIF. A work program probably would not be unduly interrupted if an employee needed more than 90 days after the RIF to successfully perform the critical elements of a position. Lower priority programs might tolerate a longer interruption.

f. If an exception is approved in one case in a particular RIF, it must be applied to all other employees reached for separation in that RIF who meet the same criteria.

**APPENDIX B.**  
**VHA [RIF] DELEGATION OF AUTHORITY (RCN 10-96-1)**

**1. BACKGROUND.** [VHA] is committed to maintaining a stable workforce through such measures as forecasting workload accurately, estimating turnover and attrition rates, and analyzing local labor markets. It remains VHA's goal to manage the size and composition of its workforce pro-actively, utilizing [reduction-in-force (RIF)] procedures where alternative approaches do not reasonably appear to be able to achieve management goals or ensure effective use of scarce resources.

**2. DELEGATION.** In order to enable local management to utilize their human and financial resources most effectively, and to take advantage of opportunities to re-engineer and streamline work processes and organizational structures, the Under Secretary for Health has delegated to network directors and to facility directors the authority to conduct [RIF] procedures and effect reassignment, change-to-lower grade, and separation actions for title 5 employees in non-centralized positions. Network and facility directors will exercise this delegation consistent with the procedures set forth in 5 [CFR], part 351, and part IV of this handbook. RIF actions demoting, separating, or adversely affecting employees in centralized positions will be approved in VHA [ ].

**3. RESPONSIBILITIES**

a. **Labor-Management.** Directors should work with their Partnership Councils in planning and executing RIF procedures.

b. **Procedures.** Facilities wishing to conduct a RIF should identify the universe of positions to be eliminated by position title, occupational series and grade level, together with a brief explanation of the basis for the action. This could include such bases as elimination of services, consolidation of services or functions between two or more facilities, re-allocation of workload, review of staffing or staffing mixes, etc. This listing should be forwarded to the Assistant Deputy Under Secretary for Health, through the Network Director as early as possible, but not less than 14 days before specific notices are given to individual employees.

c. **Career Transition Assistance.** Facilities planning to effect downsizing or streamlining through the use of RIF procedures must establish career transition assistance services consistent with VA and Federal government policies, as soon as possible. An outline of the plans for such services should be forwarded to the Assistant Deputy Under Secretary for Health as they are developed.

d. **Title 38 Personnel.** The RIF procedures defined in this appendix do not apply to the title 38 personnel [appointed under sections 7401(1) and 7405(a)(1)(A)]. If facility directors wish to implement staffing efficiencies involving title 38 employees [appointed under either of these authorities], they may do so using the staffing adjustment procedures outlined in chapter 3 of part IV, [of] this handbook.

**4. REPORT.** [OMB] has required that VHA track several specific items related to the RIF process both in the current fiscal year and for future budget submissions. Facility directors must ensure that they develop systems which will identify, track, and report the information required on a one-time basis, within 90 days following completion of RIF procedures. This information should be submitted through the Network office. It will be aggregated in

**APPENDIX C. VHA DELEGATION OF AUTHORITY  
TO REDEFINE COMPETITIVE AREAS**

**1. DELEGATION.** The Under Secretary for Health has delegated the authority to redefine competitive areas for organizations under their jurisdiction to network directors, with the advice and assistance of the office of the Deputy Assistant Secretary for Human Resources Management and Labor Relations (059). Such redefinitions must be fully justified and documented to ensure that such action is clearly in the best interest of VA.

**2. RESTRICTIONS.** When management establishes or changes competitive areas:

- a. Descriptions of the areas must be readily available for review by employees and [OPM].
- b. Such actions must be taken at least 90 days prior to a [RIF].
- c. If such actions are contemplated within 90 days of a [RIF], OPM must approve.

**NOTE:** *Guidance concerning establishment of new competitive areas may be found on the [OHRM&LR Web site](#).*

**3. REDELEGATION.** This authority may not be redelegated.

**APPENDIX C. VHA DELEGATION OF AUTHORITY  
TO REDEFINE COMPETITIVE AREAS**

**1. DELEGATION.** The Under Secretary for Health has delegated the authority to redefine competitive areas for organizations under their jurisdiction to network directors, with the advice and assistance of the office of the Deputy Assistant Secretary for Human Resources Management [ ] (059). Such redefinitions must be fully justified and documented to ensure that such action is clearly in the best interest of VA.

**2. RESTRICTIONS.** When management establishes or changes competitive areas:

- a. Descriptions of the areas must be readily available for review by employees and OPM.
- b. Such actions must be taken at least 90 days prior to [the effective date of the] RIF.
- c. If such actions are contemplated within 90 days of [the effective date of the] RIF, OPM must approve.

**NOTE:** *Guidance concerning establishment of new competitive areas may be found [in Section B, Chapter 2, this part].*

**3. REDELEGATION.** This authority may not be re[-]delegated.

## [APPENDIX D.]

**ESTABLISHING COMPETITIVE LEVELS FOR POSITIONS FILLED  
UNDER 38 U.S.C. 7401(1)**

**1. GENERAL.** The guidance in this appendix should be reviewed by the Human Resources (HR) staff and other appropriate subject-matter-experts (SME) when establishing competitive levels (CL) for physicians, dentists, expanded function dental auxiliaries, registered nurses, nurse anesthetists, podiatrists, optometrists, and chiropractors.

**2. FACILITY RESPONSIBILITY.** As with title 5 and hybrid title 38 positions, each facility shall establish competitive levels for title 38 positions following the basic criteria found in 5 CFR 351.403 and Chapter 2, Section C, paragraph 1, this part.

**3. COMPETITIVE LEVELS.** A competitive level will consist of all positions in a competitive area which are in the same grade and occupational series, and which are similar in duties, responsibilities, and working conditions so that the facility may reassign the incumbent of one position to any of the other positions in the CL without undue interruption.

**4. UNDUE INTERRUPTION.** Undue interruption is defined as a degree of interruption that would prevent the completion of required work by the employee, generally 90 days after the employee has been placed in a different position. However, the appropriateness of measuring undue interruption in a 90-day time frame should be considered in the context of the pressures, priorities, deadlines, and other demands made on individual health care provider positions in the provision of health care to Veteran patients, and the privileges, scopes of practice, competencies, skills, training, education, and experience required by the position to provide uncompromised health care to patients presenting with specific health care needs. Positions should not be placed in a competitive level on the basis of any employee's *personal* qualifications, conduct, or performance levels but rather on the requirements of the position.

**5. CONSULTING WITH SUBJECT MATTER EXPERTS.** In addition to reviewing the documents that describe the assignments, responsibilities, qualifications, and competencies required of the position, HR staff should consult with SMEs when establishing and describing competitive levels as well as before placing employees on the appropriate levels.

**6. ESTABLISHING COMPETITIVE LEVELS FOR TITLE 38 STAFF**

a. **Registered Nurses.** Competitive levels for Registered Nurses (RN) should be established considering the basic CL criteria, including RN pay levels: Nurse I, II, III, IV, and V. RNs have functional statements (FS) rather than more detailed position descriptions (PD). The position information included in the FS may or may not be sufficient to determine whether similarly titled and graded positions should be placed on the same or a different CL.

Example 1. A facility has two RNs, both Nurse III, working in Ambulatory Care. According to the functional statement, one RN, A, coordinates clinical projects; supports occupational health and employee health programs; supports clinical programs in an outpatient setting; assesses the physical and psychosocial health and illness status of individuals; and acts as a case manager. The FS of the other

## PART IV

## APPENDIX D

RN, B, states that the RN is an Eye Clinic nurse who assists in evaluating and treating macular degeneration patients; makes appointments for medical clearance; performs intravenous injections; administers ophthalmic and general medications; and conducts diagnostic procedures such as basic visual screening, field measurement, and medical photography.

These two positions have the same title, occupational series, and grade, and are located in the same service. But the duties and the responsibilities of the positions appear different enough to warrant placement in different CLs. An argument could be made, however, that if Nurse A and B changed positions, one could learn the job of the other within 90 days and there would not be any undue interruption in patient care. Thus both positions would be on the same CL. It might also be possible that Nurse A could perform the duties of Nurse B within 90 days but Nurse B might not be able to perform the duties of Nurse A within 90 days. This scenario would require placement on different CLs. Communication with immediate supervisors, second level supervisors and/or the Ambulatory Care Chief is critical for the correct CL determination to be made.

Example 2. Two Nurse Managers both work in Patient Care Services. The FS for each position states that both RNs manage a nursing clinical area, demonstrate leadership through collaborative strategies with others, and evaluate the care delivered by nursing and other allied staff. However, RN A is a Nurse II and RN B is a Nurse III. Even though A and B have the same title, occupational series, and duties, they must be placed on different CLs because their pay grades are different.

Example 3. Two RNs, both Nurse II, are organizationally located in the surgical department and are assigned to the Surgical Intensive Care Unit. According to their FSs, they both care for patients who have had vascular, orthopedic, abdominal, or urological surgery. The geriatric patients may present with chronic medical conditions, changes in mental status, or functional decline. Given the identical titles, occupational series, pay levels, organizational location and work assignments as described in the functional statements, the two RNs should be placed on the same competitive level.

b. **Advanced Practice Nurses.** Nurse Practitioners and Clinical Nurse Specialists are Advanced Practice Nurses (APN) who are masters degree-prepared registered nurses who also possess advanced clinical certification. They function within a scope of practice (SOP), rather than a position description, commensurate with their training, experience, and licensure. An APN functions autonomously within her or his own defined SOP in a variety of settings, such as hospital inpatient, outpatient clinics, nursing home, domiciliary, or patient's home. Competitive levels should be established using the basic CL criteria, including APN pay levels: Nurse I, II, III, IV, and V.

Example 1. APNs A and B are assigned to the Primary Practice Group (PPG) clinics within Ambulatory Care, functioning as Adult Nurse Practitioners. Their scopes of practice indicate they perform identical assignments and have identical responsibilities. If they are both Nurse III, they should be placed on the same CL; if A is Nurse III and B is Nurse IV, they should be on separate CLs.

APN C is also an Adult Nurse Practitioner assigned to an outpatient clinic in Ambulatory Care. The SOP indicates that C's assignments and responsibilities are identical to A's and B's, with one exception: C is not responsible for drawing venous blood specimens for testing, as are A and B. Considering that C's 16 functions are identical to A's and B's, is the omission of drawing blood from C's scope an

oversight? If so, depending on C's pay level, C should be placed on the same CL as A and/or B. If the function of drawing blood is not an oversight from C's SOP, could C perform the function of drawing blood without undue interruption in patient care? If yes, C should be placed on the same CL as A or B. If no, C should be on a CL separate from A and B. The HR Specialist should discuss the performance of the function with C's first or second level supervisor or the chief of Ambulatory Care to assure C's placement on the proper CL.

Ambulatory Care has another APN, D, functioning as an Adult Nurse Practitioner. D is assigned to the Occupational Health Clinic and is responsible for providing care to facility employees. Although APN D's patients are employees rather than inpatients or outpatients, D's SOP lists assignments almost identical to A's, B's, and C's, with two exceptions. D also conducts pulmonary function tests and irrigates eyes to remove foreign bodies. To determine if D should be placed on the same CL as A or B or C, or on a different CL, information should be obtained from the supervisor or Ambulatory Care chief whose judgment is needed to determine if there would be undue interruption in patient care if A or B or C were placed on the same CL as D.

Example 2. The facility has three APNs: A, a Gerontology Nurse Practitioner assigned to Primary Care and Cardiology clinics in Medical Service; B, an Adult Nurse Practitioner assigned to a clinic in Radiation Oncology Service; and C, a Clinical Nurse Specialist assigned to the Adult Psychiatric & Mental Health clinic in the Mental Health & Behavioral Sciences Service. All are Nurse III.

The scope of practice for the three APNs list 20 functions an APN may perform. A, B, and C have five functions in common: documenting diagnoses and plans of care, initiating medication orders, initiating consults and referrals, ordering laboratory tests, and ordering other procedures as required. A and B also take and document histories; interpret test results; and order diet, oxygen, and non-pharmaceutical therapies. Additionally, A serves as a primary care provider; writes admission orders and discharge summaries; orders and administers Mantoux tests; obtains informed consents; and conducts exercise stress tests; while B also prescribes controlled substances; diagnoses and assesses patients on radiation therapy; and designs and conducts research projects.

After reviewing the three SOPs, it would seem that APN C should be on a CL separate from A and B because C's assignments are significantly different from those of A and B. While A and B perform many similar functions, the different functions they each perform may lead to a determination that A and B should also be on separate competitive levels. Supervisory input is needed to determine if interchanging A and B would cause undue interruption in patient care and also if different skills and competencies are sought when recruiting.

c. **Physician Assistants.** Physician Assistants (PA) provide diagnostic and therapeutic care and services under the guidance of a physician. Competitive levels should be established using the basic CL criteria, including PA pay levels: associate grade, full grade, intermediate grade, senior grade, and chief grade. A PA does not have a position description; the assignment is based on a Scope of Practice. The scope usually divides the PA's assignments into four categories: routine, emergency, non-routine/non-emergency, and additional duties. Scopes should be carefully reviewed before establishing competitive levels and placing incumbents on those levels.

**PART IV  
APPENDIX D**

Example 1. Physician Assistant A is a full grade PA assigned to the Nursing Home Care Unit in the Extended Care Service. PA B is also assigned to the Nursing Home Care Unit but is an intermediate grade. PA C is an intermediate grade but assigned to the General Internal Medicine Unit in Medical Service.

Included in PA A's scope are such functions as initiating consultations, ordering laboratory tests, incision drainage, wound care, suturing, urethral catheterization, nasogastric intubation, administration of oxygen, start IV line, participate in case conferences and data gathering, precept training of PA students, and develop and implement patient education programs.

PA B performs many of the same functions as A but does not initiate consults, order lab tests, suture or intubate. B's scope and overall assignments may not appear to be significantly different from A's, but a better understanding of these functions should be obtained from a supervisor or service chief to determine the degree of undue interruption that could occur should A and B be interchanged. However, because A is a full grade and B is an intermediate grade requiring placement on separate competitive levels, there is no need to determine the degree of undue interruption.

PA C more routinely performs many of the same functions as A and B, including ordering diagnostic tests, inserting nasogastric tubes and urinary catheters, ordering medications and starting IVs, initiating consults and making daily rounds, educating patients and teaching healthcare students, and participating in case conferences. C also carries out such assignments as ordering arterial blood gases, writing discharge orders, ordering restraints, and participating in research.

Being assigned to Medical Service would not preclude C from being placed on the same CL as B, who is in Extended Care, as long as their pay grades were the same, which they are, and as long as their duties and the qualifications for their positions were sufficiently similar so as not to cause undue interruption were B and C to be interchanged. Since B and C are in different services additional information would have to be obtained from supervisors and chiefs from each of the two services involved.

Example 2. Physician Assistants A, B, and C are all assigned to the Healthy Aging Recovery Program (HARP) in Mental Health and Behavioral Sciences. Their SOPs indicate all three perform identical routine, non-routine/non-emergency, emergency, and additional duties. Additionally, A spends one day a week assigned to the Acute Inpatient Psychiatry Unit, B spends one day a week assigned to the Center for Outreach and Empowerment Residential Program, and C spends one day a week assigned to the unit for the Seriously Mentally Ill. Although these PAs spend 20% of their time assigned to different units, their SOPs do not indicate they perform any different duties. It, therefore, appears that A, B, and C should be on the same competitive level. Even if A, B, or C, or their supervisor or service chief proposed to make a case that the three PAs were not interchangeable because of their different additional assignments, the written documentation, the SOP, does not support such an argument.

Example 3. Physician Assistant A is assigned to the Orthopaedic Section of Surgical Service. PA B, also in Surgical Service, is assigned to the Urology Section. Both A and B perform identical routine duties but their non-routine/non-emergency duties are different. According to the SOP, A performs knee, ankle, and shoulder arthrocentesis, and applies casts and skeletal and skin traction. B does not;

B's SOP indicates that the PA dilates urethral structures and residuals, inserts and removes Foley catheters, assists in patient lithotripter services, performs microscopic urine screens, draws blood for arterial blood gases, and performs bladder irrigations.

Based on the differences in the SOP, it appears that one PA probably would not perform the duties of the other PA without undue interruption in patient care. But, unless the HR Specialist is knowledgeable about the performance of, and time frame required to learn, the different non-routine/non-emergency functions, input from an SME must be sought to insure the placement of the positions on the correct CL.

d. **Physicians.** Like other title 38 employees, physicians do not have position descriptions, nor are their assignments outlined in a functional statement or a scope of practice. Physicians instead provide information which shows the specialty/subspecialty in which the employee is certified, experienced, or trained, the employee's core clinical privileges, and the special privileges and procedures requested by the employee and granted by the approving official. Each facility uses locally-developed formats for requesting this information, but regardless of the format, this privileging document, along with the basic criteria for establishing competitive levels, should be reviewed thoroughly before placing a physician on a CL.

The base pay grades for physicians (associate through director grades) have been eliminated and replaced with a single physician grade. Within the physician grade, physicians may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example 1. Four physicians, A, B, C, and D, have been granted core clinical privileges in Internal Medicine (IM). Physician A's privileging form shows he also specializes in Rheumatology and is authorized to perform Arthrocentesis, but does not have core clinical privileges in Rheumatology. In addition to IM, B is specialized in Geriatrics, is authorized to perform hyperalimentation and to insert internal jugular and subclavian venous catheters, but does not have Geriatric core clinical privileges. Physician C does not have additional core clinical privileges but is authorized to work in the Emergency Room, which requires advanced certification in life support (ACLS). D has additional core clinical privileges in Gynecological Family Practice.

Because D is the only physician with additional core clinical privileges, he probably should be placed on a CL separate from A, B, and C. Although they do not have additional specialty core privileges, A, B, and C each have one or two additional privileges or procedures. Are these differences sufficient to warrant the placement of each on a separate CL? Could the competencies needed to perform these additional privileges be learned, and authority to perform them obtained, without any undue interruption in patient care?

A fifth Physician, E, also lists specialties of Internal Medicine and Geriatrics but does not have core privileges in either, but instead has core clinical privileges in Long Term Care which authorizes her to treat general medical problems. She is not authorized any additional privileges or procedures. Based on a review of the privileging forms, A, B, C, and D may be able to perform E's assignments without undue interruption, but the reverse may not be true, thus requiring E to be placed on a separate CL.

**PART IV  
APPENDIX D**

HR staff should consult with the appropriate service chiefs to clarify the additional privileges and procedures possessed by A, B, and C, and to determine if one, two, or three additional CLs must be established. The competitive level(s) established must be clearly defined and documented in terms of assignments and qualifications required to perform those assignments in order to justify why an employee was placed on one level and not another.

Example 2. Physicians A, B, C and D are all board certified in Internal Medicine, yet none of the four have core clinical privileges in IM. They have core privileges in Endocrinology, Cardiology, Gastroenterology, and Hematology, respectively. Although consultation with their service chief should never be discounted, each of the four should be placed on separate competitive levels. It is unlikely that one could perform the assignment of the other without undue interruption in patient care.

Example 3. Physician A is board certified in General Surgery and Surgical Critical Care, has General Surgery core clinical privileges, and is authorized to perform the special procedures of laparoscopic surgery, bronchoscopy, and conscious sedation. B is board certified in Surgery and Thoracic Surgery and has Cardiothoracic core clinical privileges. C is also board certified in Surgery and is authorized to perform Vascular Surgery clinical procedures as well as transluminal angioplasty, endovascular aneurysm surgery, and carotid angioplasty and stenting. D, who is a Podiatrist, has Podiatry core clinical privileges which include performing ankle and foot surgery as well as anide arthroscopy. Physician E is a board certified Plastic Surgeon with an Otolaryngology subspecialty who has Plastic Surgery clinical procedures and is authorized to perform liposuction.

Although A, B, and C are board certified in Surgery, all three have core clinical privileges in different specialties, including different special procedures. Based on the information included in the privilege form, the three surgeons should be placed on different competitive levels, considering their different assignments and the different qualifications required to perform those assignments. The same is true of the Podiatrist, D, and the Plastic Surgeon, E. They both perform surgery but are certified in different specialties from each other and from A, B, and C, and have different core clinical procedures. Unless the chief of Surgery can justify that the surgical procedures performed by these five employees are interchangeable and would not cause undue interruption in patient care, all five should be placed on separate competitive levels, which must be described to clearly distinguish one level from another.

Example 4. Psychiatrists A, B, and C are all board certified in General Psychiatry and have Psychiatry core clinical privileges. Psychiatrist A is also certified in Clinical Psychopharmacology and has additional privileges in Long Term Care. Psychiatrist B has additional certifications in Addiction and Geriatric Psychiatry. Psychiatrist C does not have any additional certifications or privileges.

Although both A and B have additional certifications, and C does not, B and C have the same privileges, indicating the possibility of placing them on the same competitive level, and placing A on a separate CL because of her additional privileges. If, however, B and C are, in fact, given different patient assignments, and if one performs functions that the other can not perform because one possesses competencies and skills that the other does not have, and placing them on different CLs because of undue interruption is being considered, the differences in B's and C's assignments should be documented for the record and the CL definitions clearly distinguishable from each other.

e. **Dentists.** Like physicians, dentists do not have position descriptions, functional statements or scopes of practice. They are granted privileges after completing the Criteria & Privilege Request Form which delineates their certifications and training. The privileging form, the basic competitive level criteria, and input from supervisors should be considered before establishing CLs and placing employees on the levels.

The base pay grades for dentists (associate through director grades) have been eliminated and replaced with a single dentist grade. Within the dentist grade, dentists may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example. Dentist A has General Practice Dentistry core clinical privileges and Periodontics privileges, as well as authority to perform additional Periodontal special procedures. Dentist B has Oral Surgery core privileges including authority to perform additional Oral Surgery special procedures. Dentists C and D both have General Practice Dentistry core clinical privileges.

Three competitive levels should be established. One for the Oral Surgeon, one for the General Practice Dentist with Periodontics privileges, and one for the two General Practice Dentists, unless the Chief Dentist can document that C and D care for patients who present with significantly different problems, have acquired different skills and competencies, and therefore, cannot be interchanged without undue interruption in patient care.]