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**PROCEDURES**

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**OFFICE OF MANAGEMENT**

**Requesting New Full-Time Equivalents**

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**PURPOSE**

This MAPP establishes procedures for offices to use when requesting new full-time equivalents (FTEs). It applies to new FTE requests in CDER that fall outside of Congressional or HHS mandates. The Financial Council, the Resource and Reorganization Subcommittee (RRS), and the CDER Director determine whether to approve requests for new FTEs.

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**BACKGROUND**

CDER offices submit a large number of new FTE requests each fiscal year for various reasons, including programmatic needs based on new initiatives, reorganizations, or increased workload volume. CDER has a formal process to ensure funds are available for all new FTEs before approval and allocation to the requesting office. New FTEs will not be approved or funded if the request is not submitted through the process outlined in this MAPP.

The CDER Financial Council provides strategic direction and helps ensure transparency and consistency in CDER’s financial activities. The CDER Associate Director for Management serves as chair of the CDER Financial Council. The Financial Council’s primary areas of oversight include budget formulation, budget execution, and budget analysis.

The RRS, headed by a chair and vice chair within the Office of Management, to include four permanent members: the Chief, Financial Analysis Branch (FAB)/Division of Budget

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Execution & Resource Management (DBERM), the Chief, Budget Execution Branch (BEB)/DBERM, the CDER Reorganization Coordinator/ Management Analyst, Division of Management Services (DMS), the Chief, Human Capital Management Branch (HCMB), and two rotating members: representatives from other CDER offices, provides senior-level oversight, analysis, and recommendations for the Center's FTE ceilings, FTE financial resources, and reorganizations.

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## RESPONSIBILITIES

### **Program Office:**

- The Program Office will complete and submit an FTE Request through SharePoint. The links can be found on the RRS, FC and CDER Reorg SharePoint sites. The request will include the FTE(s) Request Form (Attachment 1) and the Supplemental Information Form (Attachment 2) along with additional justification as needed for the CDER Budget Officer (Chief, Program and Resource Management Branch, Division of Management and Budget). It is at the discretion of the Program Office to select an individual (Senior Management Officer (SMO), Office Director, member of a sub-office, etc.) to complete the request and/or present to the Financial Council.
- The request will go through the RRS if the Program Office request is 1) for more than 10 FTEs; or 2) is complex with multi-user fee implications; or 3) is related to a new reorganization, including transfer of functions; or 4) there are general concerns from the Financial Council requiring additional analysis.
- The Program Office will attend a RRS meeting or a Financial Council meeting to present a detailed justification for the request for additional FTEs.

### **CDER Budget Officer:**

- The CDER Budget Officer will collect FTE Requests from the Program Office and if the request meets the criteria listed above, the Budget Officer will forward the request to the RRS.
- To allow sufficient time for processing, within one week after receiving the FTE request, the CDER Budget Officer or RRS Chair will schedule a date for the Program Office to present its FTE request before the Financial Council or the RRS.

**Resource and Reorganization Subcommittee:**

- The RRS will perform a complete analysis of the request and if an inadequate justification is submitted, the subcommittee will request additional information or a briefing.
- The subcommittee chair will prepare the FTE Request Decision Form and forward it to the CDER Budget Officer for Financial Council review and endorsement.

**Financial Council:**

- The Financial Council will review and discuss the request and then make recommendations to the CDER Director. If additional analysis is needed or an inadequate justification is submitted, the request will be forwarded to the RRS for further analysis.
- Upon notification of the RRS recommendation, the Financial Council will review and discuss the request. The Financial Council will then forward the recommendation to the CDER Director for a final decision.
- Upon notification of the CDER Director's decision to approve or deny the request, the Financial Council will notify the Program Office.

**CDER Director:**

- The CDER Director will review the Financial Council's recommendations and provide final approval or denial of the request to the Financial Council.

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**PROCEDURES**

- The Program Office will complete and submit the Supplemental Information Form (Attachment 2) and the FTE(s) Request Form (Attachment 1) through the SharePoint site for the CDER Budget Officer.
- A strong justification will include information addressing the regulatory or public health need to be met by the new FTE(s).
- Within 5 business days, the CDER Budget Officer will disseminate the FTE Request to the Financial Council and/or the RRS for review and will reserve time for the Program Office to present its FTE Request at the next scheduled Financial Council or RRS meeting.
- The Program Office will present a detailed justification of its FTE Request to the Financial Council and/or the RRS during the meeting.

- The RRS will prepare the FTE Request Decision form and forward it to the CDER Budget Officer for Financial Council review.
- The Financial Council will review and discuss the recommendation and notify the Program Office if the FTE request is denied by the Financial Council. If recommended, the Financial Council will submit its recommendation to the CDER Director within 5 business days of the presentation.
- The CDER Director will review the Financial Council’s recommendation and deny or approve the request within 5 business days of receipt.
- Once the CDER Director has made a final decision, the Financial Council will provide a response to the Program Office within 5 business days.
- Approved FTE requests will be sent to OM/Division of Management and Budget to be added to the Program Office’s FTE ceiling count. Following the increase in FTE ceiling, OM will notify the Program Office so that recruitment efforts may begin.

The procedures outlined above are depicted in the flow chart (Attachment 3).

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**EFFECTIVE DATE**


This MAPP is effective December 10, 2015.

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**CHANGE CONTROL TABLE**

Effective Date	Revision Number	Revisions
03/03/14	1	Updated the responsibilities, procedures, and attachments.
03/03/15	2	Updated the attachment to make it a fillable form.
12/7/15	3	Updated to include the RRS involvement in the process and updates to the flow chart and attachments.

**ATTACHMENT 1: FTE(s) Request Form**



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**Additional FTE(s) Request**

Super Office:

Current FTE Ceiling:     Current FTEs on Board:     Total FTEs Requested:

Additional Comments:

Office:

Division:

Number of FTEs Requested:     Type of FTE's:

Series:     Grade(s):     Position Title(s):

Describe project/initiative additional FTEs will support:

Are other Offices involved in the project/initiative? Yes  No









If so, please provide name of Office(s):

Justification (Attach additional documentation below as needed.)


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**Additional Office FTE Request**

Office:

[Dropdown]		
Division:		
[Text Box]		
Number of FTEs Requested:	[Text Box] Type of FTE's [Dropdown]	
Series:	Grade(s):	Position Title(s):
[Text Box]	[Text Box]	[Text Box]
Describe project/initiative additional FTEs will support:		
[Text Box]		
Are other Offices involved in the project/initiative? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, please provide name of Office(s):		
[Dropdown]		
[Dropdown]		
[Dropdown]		
Justification (Attach additional documentation below as needed.)		
[Text Box]		
Request Routing (insert all addresses)		
Requestor (person who prepared the form)	[Text Box]  	
Office Director or Deputy Director	[Text Box]  	
Director, Division of Budget Execution & Resource Management	[Text Box]  	
 File Attachment		
<b>Submit Form</b>	Date Submitted [Text Box] 	

**ATTACHMENT 2: Supplemental Information Form**



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### FTE Request Supplemental Information Form

(While this form is not required, it is recommended for requests >8)

Date Submitted <input style="width: 95%;" type="text"/>	Requestor <input style="width: 95%;" type="text"/>
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**1. Have you looked at reassigning work responsibilities or reprioritizing the workload so that another FTE is not needed?**    Yes  No  If no, explain below

**2. What has been the major change that requires this many FTEs?**  
(talk about whether this is related to a reorganization, shift in priorities, etc.)

**3. Did this work/function come from another office?** Yes  No  if yes, which office(s)?

▼

▼

▼

Additional comments

**4. What parts of the organization are the FTE's going to?**

a. *What is the monthly attrition rate for that organization?*

b. *What is the yearly attrition rate for that organization?*

**5. What would be the impact of not receiving the FTEs requested?**  
(Describe what type of work would not be done, how long would projects, initiatives, etc. be delayed- GIVE SPECIFIC TIME FRAMES)

**6. Is this function required under any statutory laws?** Yes  No  If yes, explain below

**7. Will this function be transferred to another organization after the initial establishments at your organization?** Yes  No  Maybe  explain below

**8. Are there any similarly functioning organizations within your Super Office or another Super Office?** Yes  No  explain below

**9. Will the expertise and talents you are seeking be available:**  
externally? Yes  No  maybe   
within the Center? Yes  No  maybe   
or at the Agency level? Yes  No  maybe

**10. What is your organizations Succession Plan?**

a. Where are the critical positions and identify qualifications needed to perform these duties;  
b. Present assessment of current talent; and  
c. Identify successors and positions without successors.

**11. What type of position(s) are you requesting?** *a. If Scientific, what series?*  
*If not listed, enter in last field*

*b. If Administrative, what type? If not listed, enter in last field* *c. If Management, what type? If not listed, enter in last field*

**12. What is the anticipated workload volume of this position(s)?**



**14. Will this FTE fill a position in which the period of performance is less than 12 months?**  
Yes  No  If yes, explain below  
Have you looked at reassigning workload or utilizing a contractor? Yes  No

**15. How long is tasking expected to continue? If less than 12 months, please explain plans for the FTE after tasking is completed.**

**16. Are other offices in CDER participating in this new program/initiative that requires the additional FTEs?** Yes  No  If yes, select which ones below

**Additional comments**

Attachments

ATTACHMENT 3: Flow Chart

New FTE Requests and Approval Process

