

## INITIAL CERTIFICATION OF AVAILABILITY PAY

I, \_\_\_\_\_, a Criminal Investigator/Special Agent, GS-1811/1812, do hereby certify that I understand and fully expect to meet all the requirements of 5 U.S.C. 5545a and 5 CFR 550.181 through 550.187 that are prerequisite to qualifying for availability pay. This document is executed in compliance with the requirement for annual certification in 5 U.S.C. 5545a and 5 CFR 550.184. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.

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**Signature and Date**

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**Title/Series/Grade**

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**District/Duty Station**

### SUPERVISOR'S CONCURRENCE

As the supervisor of the above named Criminal Investigator/Special Agent, I am familiar with his/her/their previous work performance and concur that he/she/they are expected to fully meet the requirements of 5 U.S.C. 5545a and 5 CFR 550.181 through 550.187 to qualify for availability pay for Fiscal Year \_\_\_\_

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**Signature and Date**

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**Name and Title**