

Reemployment Priority List (RPL) Registration Form *(for competitive service employees)**

Eligible employees must submit a completed RPL registration form to their servicing HR Office on or before their Reduction-in-Force (RIF) separation date.¹

Date of RIF Separation or Injury Compensation Benefits Stop/Denial of Appeal: _____

HHS Component/Division: _____

Duty Station: City: _____ State: _____

Employee Name: _____

Address: _____

City _____ State _____ ZIP Code _____

Phone #: Personal: _____ Work: _____

Email Address: Personal: _____ Work: _____

Current occupation and series: _____

Current grade and promotion potential: _____

Current work Schedule: Full-time _____ Other _____

Minimum hours of week acceptable, if currently less than full-time: _____

Will you accept a lower grade level than your current position? Yes _____ No _____

If yes, list lower grade levels: _____

(Employees cannot register for positions with a higher promotion potential than the position from which they will be separated, but can elect to accept job offers at lower grade levels)

Are you available for non-permanent (time-limited) positions? Yes _____ No _____

****Employees should submit a current resume with a completed registration form***

¹ RIF separation date is listed on the employee's RIF notice. Employees may also be eligible for the RPL within 30 calendar days after the date of injury compensation benefits cease, or the date the Department of Labor denies an appeal for continuation of injury compensation benefits (5 CFR 330.203(b)).

List the positions for which the RPL registrant is qualified and available:

(HR Offices either assist employees in identifying positions or conduct a qualifications determination prior to registering the employee on the RPL)

Title/ Series /Acceptable Grades (based on grade preference above)

A. _____

B. _____

C. _____

D. _____

E. _____

Note: There is no restriction on the number of positions that can be listed

Registrant's Signature /Date

For Servicing Human Resources Office Use Only:

Registration Received: ____ ____ ____ Registrant Added to RPL: _____

Comments:

(Include specifics on promotion potential of the position from which separated and any other pertinent information, including veterans' preference)

See [HHS Instruction 330-2, Priority Placement Programs](#) and [5 CFR Part 330, Subpart B](#).