

**Chapter 330.201a (Reduction-In-Force)**  
**Subpart B - Establishment of the Reemployment Priority List**

Register ( ) Update ( ) Delete ( )	USDA Reemployment Priority List (RPL) Registration Sheet
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**1. Name of Servicing Mission Area Personnel Office** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ **Registrant's Agency** \_\_\_\_\_

**2. Name of Registrant** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**3. Address Registrant** (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 Telephone Number of Registrant ( ) \_\_\_\_\_

<b>4. Tenure Group</b> (More than One Year) (Less than One Year) Career or Career-Conditional Career-Conditional serving probationary period ( ) 1AD ( ) 2AD ( ) 1A ( ) 2A ( ) 1B ( ) 2B	<b>5. Date of Separation</b> Month Date Year _____	<b>6. Work Schedule</b> ( ) FT ( ) PT - __ hrs. per pay period ( ) Intermittent ( ) Seasonal
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**7. Available for temporary appointment** ( ) Yes ( ) No  
**Available for 90 days or less appointment** ( ) Yes ( ) No

**8. Series Qualification**

	Pay Plan	Series	Highest Grade Eligibility	Lowest Grade Acceptable
Present Series	_____	_____	_____	_____
Series 2	_____	_____	_____	_____
Series 3	_____	_____	_____	_____
Series 4	_____	_____	_____	_____
Series 5	_____	_____	_____	_____
Series 6	_____	_____	_____	_____

(Registration grade eligibility - no more than three grades below the position released from, except for preference eligibles with compensable service-connected disability of 30 percent or more limit is five grades.)

(Attach blank sheet to continue series qualification for registrant)

<b>9. Commuting area (including designated subareas within commuting area) from which displaced.</b> State Abbrev.: _____ City: _____ City Code: _____	<b>10. Reasons for Registration</b> ( ) Reduction-In-Force ( ) Returned from Military ( ) Recovered compensable injury or disability
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**11. To be completed by Employing Office when the registrant is being removed from RPL**  
 Name of Employing Office \_\_\_\_\_  
 Reason for Removal:  
 ( ) Appointment (Attach the Agency, type of appointment, work schedule)  
 ( ) Registrant's Written Request (Attach the written request)  
 ( ) Declination and Reasons (Attach the declinations and/or reasons)

**12. Registrant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Appointing Officer** \_\_\_\_\_ **Date** \_\_\_\_\_