**Chapter 330.201a (Reduction-In-Force)**

**Subpart B - Establishment of the Reemployment Priority List**

<table>
<thead>
<tr>
<th>Register ( )</th>
<th>USDA Reemployment Priority List (RPL) Registration Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update ( )</td>
<td></td>
</tr>
<tr>
<td>Delete ( )</td>
<td></td>
</tr>
</tbody>
</table>

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 ( )

4. **Tenure Group**
   (More than One Year) 
   (Less than One Year) 
   Career or Career-Conditional 
   Career-Conditional serving probationary period 
   ( ) 1AD 
   ( ) 1A 
   ( ) 1B 
   ( ) 2AD 
   ( ) 2A 
   ( ) 2B

5. **Date of Separation**
   Month Date Year

6. **Work Schedule**
   ( ) FT 
   ( ) PT - ___ hrs. per pay period 
   ( ) Intermittent 
   ( ) Seasonal

7. **Available for temporary appointment**
   ( ) Yes 
   ( ) No 

8. **Available for 90 days or less appointment**
   ( ) Yes 
   ( ) No

8. **Series Qualification**

<table>
<thead>
<tr>
<th>Present Series</th>
<th>Series 2</th>
<th>Series 3</th>
<th>Series 4</th>
<th>Series 5</th>
<th>Series 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Plan</td>
<td>Series</td>
<td>Highest Grade Eligibility</td>
<td>Lowest Grade Acceptable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   (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)

9. **Commuting area (including designated subareas within commuting area) from which displaced.**
   State Abbrev.: ______________
   City: ______________
   City Code: ______________

10. **Reasons for Registration**
    ( ) Reduction-In-Force
    ( ) Returned from Military
    ( ) Recovered compensable injury or disability

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