

U.S. Department of Justice

Reemployment Priority List (RPL) and Priority Reemployment List (PRL) Registration Form

**INSTRUCTIONS:** Eligible employees must submit a completed registration form to their component's Human Resources office, along with a copy of their resume, on or before the Reduction-in-Force separation date. If eligible under Title 5, Code of Federal Regulations § 330.203(b), employees may submit the form within 30 calendar days after the date injury compensation benefits cease or the date the Department of Labor denies an appeal for continuation of those benefits.

Component: \_\_\_\_\_ Duty Station City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of RIF Separation/Qualifying Event Date: \_\_\_\_\_

Tour of Duty: Full-time \_\_\_\_\_ Other \_\_\_\_\_

Available for Part-Time Positions: Yes \_\_\_\_\_ No \_\_\_\_\_

Available for Non-Permanent Positions: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Series and Grade: \_\_\_\_\_

Current Promotion Potential: \_\_\_\_\_

Please indicate below the types of positions, series, and grade levels for which you are qualified and willing to accept referrals. Your component's HR Officer/Servicing HR office, must certify that you are qualified for the positions, series, and grade levels, as well as for positions with the same representative rate and work schedule as the position from which you were separated.

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**FOR EMPLOYEE:** I certify that I am available for the positions, grades and types of employment I have selected above. I understand that if I am offered a position for which I am registered and subsequently decline it, or if I decline an interview, I will be removed from further RPL or PRL consideration for all positions, regardless of location, at or below the grade level

of the position I declined. I further understand that any or all of the information contained herein may be made available to prospective employers, both within and outside the Department. This information is requested pursuant to 5 CFR 330. I understand that if I do not permit release of this information, I will not be considered for the program.

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Employee Signature and Date

**For Servicing Human Resources Office Use Only:**

Registration Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registrant Added to RPL: \_\_\_\_\_

**For Component HR Officer/Servicing HR:** I certify that the employee is qualified for the types of positions, series, and grades for which registered. I further certify that the information supplied as to employee's current or last appointment and tour of duty is correct. The employee's current status is:

Separated by RIF \_\_\_\_\_

Under specific notice of separation by RIF \_\_\_\_\_

In a position targeted for abolishment within 90 days \_\_\_\_\_

Recovered from compensable injury \_\_\_\_\_

Type of Appointment currently or last held:

Career \_\_\_\_\_ Career-Conditional \_\_\_\_\_ Excepted \_\_\_\_\_ Temporary \_\_\_\_\_

Veteran \_\_\_\_\_ Non-veteran \_\_\_\_\_

Tenure Group \_\_\_\_\_

Received employee's updated resume and Separation/RIF SF-50: \_\_\_\_\_

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HR Officer / Servicing HR Representative - Signature and Date

**Please submit the completed form, along with the employee's updated resume and Separation/RIF SF-50 to: [STMEinbox@usdoj.gov](mailto:STMEinbox@usdoj.gov)**