



## U.S. DEPARTMENT OF EDUCATION REGISTRATION FORM - REEMPLOYMENT PRIORITY LIST

### INSTRUCTIONS:

This form is to be submitted through the servicing Human Resources office to the attention of the Priority Placement Coordinator (PPC) at [Workforcereshaping@ed.gov](mailto:Workforcereshaping@ed.gov), along with the following attachments:

- A copy of the employee's updated resume;
- The employee's most recent SF-50 showing current position, grade level, promotional potential, and duty location;
- If applicable, the notice of separation by Reduction-in-Force (RIF) or Certificate of Expected Separation (CES); and
- If applicable, documentation showing recovery from a compensable injury and when workers' compensation ceased.

### SECTION I - IDENTIFICATION

Name of Employee

Phone Number

Email Address

Title, Series, and Grade of your current position or the former position from which you were removed

Have you received a RIF notice?      Yes      No

Have you been separated by RIF?      ☐ Yes      ☐ No

Separation Date, if applicable:

Duty Location on Separation:

Have you recovered after a compensable injury?      Yes      No

Date worker's compensation ceased, if applicable:

### SECTION II - JOB AVAILABILITY

Please indicate below the series and grades of positions for which you are qualified and will accept referrals. Your Human Resources office must certify that you are qualified for the position(s), series, and grade level(s) you select, in addition to positions at the same representative rate and work schedule as the position from which you were separated.

Please indicate if you are available for the following types of employment: (Please check all that apply)

Full-time

Part-time

Temporary (3 to 12 months)

**FOR EMPLOYEE:**

I certify that I am available for the positions, grades and types of employment I have selected above. I will notify the PPC in writing of any significant changes in the information provided above. I further understand that any or all of the information contained herein can 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 fail to permit release of this information, I will not be given consideration for the program.

Employee Signature:

Date:

**FOR PRIORITY PLACEMENT COORDINATOR:**

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. I understand that I must enroll the employee on the RPL no later than 10 calendar days after receipt of this package. The employee's current status is: (Choose one)

Separated by RIF

Under Specific Notice of Separation by RIF

In a position targeted for abolishment within 90 days

Recovered from a compensable injury

PPC Signature:

Date:

PPC Email: