



NATIONAL
ENDOWMENT
FOR THE
HUMANITIES

REGISTRATION FORM – REEMPLOYMENT PRIORITY LIST (RPL)

See Administrative Directive P-330 for details.

INSTRUCTIONS: Complete this form and submit with updated resume and current SF-50 to the Office of Human Resources (OHR): humanresources@neh.gov.

Section 1 – Identification

Name: _____

Home Address: _____

Home Phone: _____

Type of Appointment Currently Held or Last Held:

Career Excepted Career Conditional Temporary

Tour of Duty in Current Position or Last Position Held:

Full-Time Part-Time Veteran Non-Veteran

Title: _____ Series and Grade: _____

Office/Division: _____ Separation Date: _____

Tenure Group: _____

For employee: Please describe in twenty-five (25) words or less what you consider to be your employment strengths and special skills:



NATIONAL
ENDOWMENT
FOR THE
HUMANITIES

Section 2 – Job Availability

Please indicate below the types of positions and series for which you are qualified and will accept referrals. The OHR must certify that you are qualified for the positions, series, and grade level 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)

You are entitled to be considered for positions in the Washington, DC commuting area.

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, or I decline an interview, I will be removed from further RPL consideration for all positions, at or below the grade level of the position I decline. I further understand that any or all of the information contained herein can be made available to NEH hiring managers. 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 OFFICE OF HUMAN RESOURCES: I certify that the employee is qualified for the types of positions, series, and grades for which the employee registered. I further certify that the information supplied about the 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

**HR
Signature:** _____

Date: _____