

## Restructuring Information Handbook Module 3

### Reduction in Force

#### Unit D, Sample Notices (May 2003 version)

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#### Introduction

The U.S. Office of Personnel Management developed the **Restructuring Information Handbook** to assist Federal agencies in identifying the mandatory statutory and regulatory procedures that apply to restructuring situations.

The Handbook also offers agencies options for minimizing or even eliminating the disruption that often results from restructuring.

There is no requirement for Federal agencies to use this Handbook. Also, the United States Court of Appeals for the Federal Circuit stated in **James v. Von Zemenszky**, 284 F.3D 1310 (2002), that: “. . . OPM’s Restructuring Information Handbook is not a formal regulation, but merely an informal statement of agency views.”

The structure of the Handbook assists the user in locating as much or as little restructuring information as the user needs. Some Modules contain only one **Unit**, while other Modules have two or more Units.

For subjects with mandatory statutory or regulatory requirements, **Unit A (Mandatory Requirements)** provides the user with a crash course on the subject in Section 1, and also with detailed information, complete with citations of requirements contained in law and regulation.

When appropriate, **Unit B (Guidance)** provides the user with useful guidance, including key appeals decisions from appellate bodies such as the Merit Systems Protection Board.

The summaries of appeals decisions are guidance prepared by individual OPM employees. The appeals summaries do not represent official summaries approved by OPM, the Board, or other appellate organizations, and are not intended to provide legal counsel or to be cited as legal authority. Instead, the appeals summaries inform and help the user locate relevant appellate precedents on a specific downsizing subject.

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**Unit F (Basic Index to Module)** and **Unit G (Detailed Index to Module)** help the user readily locate information within a specific Module.

Other Modules may contain additional Units, such as **Unit C (Appeals Index)**, and **Unit D (Samples)**.

Finally, Module 1 contains **Unit H, (Detailed Index to the Restructuring Information Handbook)**.

We welcome comments on the Restructuring Information Handbook.

Send any comments and suggestions to the Center for Talent and Capacity Policy at (202) 606-0960; FAX (202) 606-2329; or e-mail Thomas A. Glennon at [taglenno@opm.gov](mailto:taglenno@opm.gov).

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**Contents**

**OPM's Restructuring Information Handbook Modules contain the following topics:**

<b>Topic</b>	<b>Module</b>	<b>Unit(s)</b>
Planning and Alternatives for Restructuring	1	B, F, G, H
Human Resource Responsibilities in Restructuring	2	B, F, G
Reduction in Force	3	A, B, C, D, E, F, G
Transfer of Function	4	A, B, C, F, G
Reduction in Force Furlough	5	A, B, C, F, G
Reemployment Priority List	6	A, B, C, F, G
Career Transition Assistance	7	A, F, G
Interagency Career Transition Assistance Plan	8	A, F, G
Voluntary Early Retirement	9	A, B, C, F, G
Voluntary Separation Incentive Payments	10	A, B, C, F, G

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**Using the Handbook**

The Modules contain many cross-references to additional pertinent material. To assist in searches, each Module features a unique index system that assists the user in readily locating information in that Module or in the other Modules.

For example, a reference to "**3-A-15-3**" refers to:

- (1) Module 3 ("**Reduction in Force**"),
- (2) Unit A ("**Required Procedures**"),
- (3) Section 15 ("Credit for Performance in Reduction in Force"),
- (4) Paragraph 3 ("**Time Period Covered by Employees' Performance Ratings**").

For a second example, a reference to "**3-B-6-5-(b)**" refers to:

- (1) Module 3 ("**Reduction in Force**"),
- (2) Unit B ("**Guidance**"),
- (3) Section 6 ("**Reorganization and Job Erosion**"),
- (4) Paragraph 5 ("**Use of RIF Procedures in Job Erosion Situations**"),
- (5) Subparagraph (b).

All of the Modules use the same index system.

For example, a reference to "**4-A-4-3**" refers to:

- (1) Module 4 ("**Transfer of Function**"),
  - (2) Unit A ("**Required Procedures**"),
  - (3) Section 4 ("**Determining Whether the Transfer of Function Provisions are Applicable**"),
  - (4) Paragraph 3 ("**Basis for Transfer of Function Decisions**").
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### **Reduction in Force**

#### **Unit D, Sample Notices (May 2003 version)**

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**Introduction** Restructuring Information Handbook Module 3 provides guidance on OPM's Reduction in Force regulations published in part 351 of title 5 of the Code of Federal Regulations (5 CFR part 351). Module 3 presently consists of seven Units: (1) Unit A, "Required Procedures," (2) Unit B, "Guidance," (3) Unit C, "Reduction in Force Appeals Index," (4) Unit D, "Sample Downsizing Notices," (5) Unit E, "Reduction in Force Service Credit," (6) Unit F, "Basic Index to Module 3," and (7) "Detailed Index to Module 3." This is the May 2003 version of Unit D.

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### **Reduction in Force**

#### **Unit D, Sample Notices (May 2003 version)**

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## Section 1, Using OPM's Sample Downsizing Notices

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**Introduction** This section contains general information on the purpose of OPM's sample downsizing notices in Unit 3-D. This section also identifies the types of sample downsizing notices included in Unit 3-D. Finally, this section identifies two additional types of downsizing notices that some agencies may develop for their particular situation.

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**Contents** This section contains the following topics:

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**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information in this Module on the introductory paragraph below in Unit 3-D,	In Unit 3-D see paragraph:
3-D-1-2-(a)	3-D-2
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<p><b>D</b> This symbol highlights where you can find additional material in Unit 3-D.</p>
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<p>① This symbol guides you toward more general references on the subject in Module 3 or in other Modules.</p>
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## **Section 1, Using OPM's Sample Downsizing Notices**

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### **3-D-1-1      Purpose of OPM's Sample Downsizing Notices**

The sample downsizing notices in this Unit (i.e., Unit 3-D) may serve as a guide for an individual agency to develop notices appropriate for its own downsizing or restructuring situation.

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### **3-D-1-2      Downsizing Notices Included in Unit 3-D**

This Unit (i.e., Unit 3-D) contains the following types of downsizing notices:

- (a)    Specific Reduction in Force Notices;
  - D**            •    See Section **3-D-2** for sample specific reduction in force notices.
  - D**            •    See Section **3-D-3** for sample language for the agency to include in a specific reduction in force notice given to a bargaining unit employee with a basic right to grieve a reduction in force action under an applicable collective bargaining agreement.
- (b)    Certification of Expected Separation;
  - D**            •    See Section **3-D-4** for a sample Certification of Expected Separation.
- (c)    Agency-Initiated Voluntary Change to Lower Grade Notice;
  - D**            •    See Section **3-D-5** for a sample agency-initiated voluntary change to lower grade notice.
- (d)    Merit Promotion Voluntary Change to Lower Grade Notice;
  - D**            •    See Section **3-D-6** for a sample agency-initiated voluntary change to lower grade notice.
- (e)    Notice of Voluntary Change to Lower Grade as Alternative to

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- Reduction in Force Offer of Assignment;
- D**
- See Section **3-D-7** for a sample notice of voluntary change to lower grade as alternative to reduction in force offer of assignment.
- (f) Transfer of Function Canvass Letter to One Location;
- D**
- See Section **3-D-8** for a sample transfer of function canvass letter to one location.
- (g) Transfer of Function Canvass Letter to Multiple Locations;
- See Section **3-D-9** for a sample transfer of function canvass letter to multiple locations.
- (h) Reduction in Force Furlough Notice for a Continuous Furlough;
- D**
- See Section **3-D-10** for a sample transfer of function canvass letter to multiple locations.
- (i) Reduction in Force Furlough Notice for a Discontinuous Furlough; and
- D**
- See Section **3-D-11** for a sample transfer of function canvass letter to multiple locations.
- (j) Notice of Directed Reassignment to a Position in a Different Local Commuting Area.
- D**
- See Section **3-D-12** for a sample transfer of function canvass letter to multiple locations.
- (k) Voluntary Separation Incentive Payment Notices.
- D**
- See Section **3-D-13** for sample notices covering Voluntary Separation Incentive Payments.
- 

**3-D-1-3**

**Other Possible Downsizing Notices**

Other possible downsizing notices not included in Unit 3-D include:

- (a) Discontinued Service Retirement;
    - ①
      - Section 44C1.1-1 of the “CSRS/FERS Handbook” contains a sample specific written notice of position abolishment for purposes of discontinued service retirement eligibility; and
  - (b) Resignation to Receive Severance Pay.
    - ①
      - Section 5 CFR 550.706 of OPM’s severance pay regulations explains the “Criteria for meeting the requirement for involuntary separation” for purposes of entitlement to severance pay.
- 

**3-D-1-4**

**Adapting the Samples to Agency-Specific Notices**

The agency should include its own appropriate information for any material identified in these sample notices as beginning with “[“and ending with “]”.

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## Section 2, Specific Reduction in Force Notices

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**Introduction** Sections 3-A-29 through 3-A-31 in Restructuring Information Handbook Module 3 ("Reduction in Force) provide guidance on reduction in force notices. This section in Unit 3-D provides sample written specific reduction in force notices that an agency may use as guidance in developing its own notices.

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**Contents** This section contains the following topics:

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**Contents** (continued)

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Sample Reduction in Force Notice 12 – Declination of Assignment Offer to Lower Graded Position	3-D-2-16
Sample Reduction in Force Notice 13 – Separation No Eligibility for Severance Pay or Immediate Retirement	3-D-2-17
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<b>Topic</b>	<b>See Paragraph</b>
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Sample Reduction in Force Notice 18 – Separation From Intermittent Appointment With No Severance Pay	3-D-2-22
Sample Reduction in Force Notice 19 – Separation From Term Appointment With No Severance Pay	3-D-2-23
Sample Reduction in Force Notice 20 – Separation From Excepted Position With Severance Pay	3-D-2-24

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**Additional Information**

When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

<b>To find additional information on these key paragraphs in Unit 3-D,</b>	<b>In Module 3, see paragraph:</b>
3-D-2-1	3-A-29
3-D-2-1	3-A-30
3-D-2-1	3-A-31
3-D-2-2	3-A-33
3-D-2-2-(a)	3-A-34
3-D-2-2-(b)	3-D-3

<b>A</b> This symbol highlights where you can find additional material in Unit 3-A.
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<b>D</b> This symbol highlights where you can find additional material in Unit 3-D.
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 This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## Section 2, Specific Reduction in Force Notices

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### 3-D-2-1

#### Guidance on Specific Reduction in Force Notices

- A** Section **3-A-29** in Restructuring Information Module 3 (“Reduction in Force”) provides detailed guidance on the content of specific reduction in force notices.
- A**
- Section **3-A-30** covers the additional notice requirements that an agency applies when employees receive reduction in force separation notices.
- A**
- Section **3-A-31** covers an agency’s request to OPM for an exception to the usual 60 days minimum reduction in force notice requirement.
- 

### 3-D-2-2

#### Sample Language for Certain Bargaining Unit Employees

The sample reduction in force notices in this section (i.e., Section **3-D-2-2**) contain language that a released employee’s basic right to appeal the reduction in force action to the Merit Systems Protection Board.

- A**
- Section **3-A-33** provides detailed guidance on the basic right of an employee who is separated or demoted by reduction in force to appeal the action to the Merit Systems Protection Board. (5 CFR 351.901)
- (a) An employee in a bargaining unit covered by a negotiated grievance procedure that does not exclude reduction in force must use the negotiated grievance procedure and may not appeal the reduction in force action to the Merit Systems Protection Board unless the released employee raises an allegation of discrimination. (5 CFR 1201.3(c)(2))
- A**
- Section **3-A-34** provides detailed guidance on the rights of an eligible employee to file a grievance of a reduction in force action under an applicable collective bargaining agreement.

- D** (b) Section **3-D-3** contains sample language for a specific reduction in force notice given to an employee with a basic right to grieve a reduction in force matter.
- 

**3-D-2-3**

**Sample Checklist to Prepare Reduction in Force Notices**

The sample checklist in on the following page should help the agency's reduction in force team support staff prepare specific notices.

- A checklist also provides the agency with an opportunity to double-check information before issuing the reduction in force notices to employees.
-

**Checklist to Prepare Reduction in Force Notices**

1. Notice to be Used (i.e., from the agency's sample notices):  
[Reference Number of Sample Notice]
2. Employee's Name: [Name]
3. Current Position:
  - (1) [Title]
  - (2) [Series]
  - (3) [Grade]
  - (4) [Position Description Number]
  - (5) [Organization]
  - (6) [Duty Station]
4. Bargaining Unit (BU) (if applicable): [ ] Yes [ ] No
5. Reason for Release from the Competitive Level:
  - (1) Position Abolished: [ ]
  - (2) Displaced: [ ]
6. Reduction in Force Action After Release:
  - (1) Separation: [ ]
  - (2) Change to Lower Grade Within Two Grades: [ ]
  - (3) Change to Lower Grade More Than Two Grades: [ ]
  - (4) Position at Same Grade: [ ]
7. Offered Position:
  - (1) [Title]

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- (2) [Series]
  - (3) [Grade]
  - (4) [Position Description Number]
  - (5) [Organization]
  - (6) [Duty Station]
8. Eligibility:
- (1) Severance Pay: [ ]
  - (2) Grade Retention: [ ]
  - (3) Pay Retention:
  - (4) Highest Previous Rate:
9. Retirement:
- (1) Optional – Voluntary [ ]
  - (2) Optional – Involuntary [ ]
  - (3) Voluntary Early: [ ]
  - (4) Discontinued Service: [ ]
  - (5) MRA + 10: [ ]
  - (6) Other: [ ]
10. Annual Leave to Reach First Eligibility for:
- (1) Immediate Annuity: [ ], [Date of First Eligibility]
  - (2) Continuation of Health Benefits Participation into Retirement: [ ], [Date of First Eligibility]

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11. Basis for Retention Standing:
    - (1) Competitive Area:
    - (2) Type of Service:
    - (3) Position Title, Series, Grade:
    - (4) Competitive Level:
    - (5) Tenure Group and Subgroup:
    - (6) Service Computation Date (SCD): [Month, Day, Year]
    - (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
      - (a) Most Recent Rating of Record [Date Finalized];  
Years Credited for Retention: [ ]
      - (b) Second Most Recent Rating of Record [Date  
Finalized]; Years Credited for Retention: [ ]
      - (c) Third Most Recent Rating of Record [Date  
Finalized]; Years Credited for Retention: [ ]
    - (8) Adjusted Service Computation Date (SCD-RIF): [Month,  
Day, Year]
  12. Reduction in Force Notice Check List Prepared By: Signature:  
[Name], Date: [Month, Day, Year]
  13. Reduction in Force Notice Check List Reviewed (If Necessary)  
By:
    - (a) Signature: [Name], Date: [Month, Day, Year]
    - (b) Signature: [Name], Date: [Month, Day, Year]
-

**3-D-2-4**      **Sample Displacement Notice 1 – Displacement of Lower-Standing Employee in First Round Reduction in Force Competition as Reassignment Action**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:**   [Name], Personnel Officer

**Subject:** Notice of Reassignment

[Action to be taken.]

Due to the Files Management Division (FMD) reorganization, you will be reassigned to the position of [Title, Series, Grade, Organization, Location], position number [xxxx], effective [Month, Day, Year]. Attached is a copy of the position description.

[Reason for the reduction in force-Example:]

The FMD is reorganizing to resolve a shortage of funds and to streamline the way we perform our work. We were required to use reduction in force (RIF) procedures to implement the reorganization.

Your reassignment is not a reduction in force. You will not be released from your competitive level but, due to your superior retention standing, will be reassigned to another position in that level.

[If applicable:]

[Since you will not be separated through reduction in force, we canceled the Certification of Expected Separation dated [Month, Day, Year] that we previously issued to you.]

This action is not appealable to the Merit Systems Protection Board since you were not reached for release from your competitive level, and you are reassigned to a position at the same grade. However, you may grieve this action under [appropriate grievance procedures applicable to the employee].

If you have any questions about this notice, please contact [HR

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Representative's Name] on [Phone Number].

[Agency signature]

**Attachment**

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-5**      **Sample Reduction in Force Notice 1 – Offer of Assignment to Position at Same Grade**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:**   [Name], Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position]. We are offering you reduction in force assignment to a different position at your current grade.

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a)     Title, Series, Grade; and
- (b)     Position Description Number.

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept this offer, your assignment will be effective [Month, Day, Year]. You will continue in your present position during this specific notice period.

[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated [Month, Day, Year], that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared

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retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (8) Competitive Area:
- (9) Type of Service:
- (10) Position Title, Series, Grade:
- (11) Competitive Level:
- (12) Tenure Group and Subgroup:
- (13) Service Computation Date (SCD):
- (14) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (15) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 2**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

If you are separated by RIF because you declined an offer at your same grade:

- (1) You will not be eligible for severance pay, or discontinued service retirement; and
- (2) You will not be eligible for selection priority to vacant positions in this agency under the Reemployment Priority List.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail].

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[HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Acceptance/Declination Form

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office

**From:** [Typed Employee Name]

**Subject:** Decision to Accept or Decline an Offer of Reduction in Force (RIF) Assignment

\_\_\_\_\_ I ACCEPT the offer of assignment to the position of [Title, Series, Grade].

\_\_\_\_\_ I DECLINE the offer of assignment to the position of [Title, Series, Grade].

I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year] and that I am not eligible for severance pay, discontinued service retirement, or Federal placement assistance programs.

**Signature:** \_\_\_\_\_  
[Typed Employee Name]

**Date:** \_\_\_\_\_

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**3-D-2-6**      **Sample Reduction in Force Notice 2 – Offer of Assignment to Position at Same Grade or Optional Retirement**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:**   Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position]. We are offering you reduction in force assignment to a different position at your current grade.

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a)     Title, Series, Grade; and
- (b)     Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept this offer, your assignment will be effective [Month, Day, Year]. You will continue in your present position during this specific notice period.

[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated [Month, Day, Year], that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared

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retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 2**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

If you are separated by RIF because you declined an offer at your same grade:

- (1) You will not be eligible for severance pay, or discontinued service retirement; and
- (2) You will not be eligible for selection priority to vacant positions in this agency under the Reemployment Priority List.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail].

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[HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

Your personnel records indicate that you are eligible for optional (i.e., voluntary) retirement. For information about your eligibility for voluntary retirement eligibility or for other benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Acceptance/Declination Form

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office

**From:** [Typed Employee Name]

**Subject:** Decision to Accept or Decline an Offer of Reduction in Force (RIF) Assignment

\_\_\_\_\_ I ACCEPT the offer of assignment to the position of [Title, Series, Grade].

\_\_\_\_\_ I DECLINE the offer of assignment to the position of [Title, Series, Grade].

I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year] and that I am not eligible for severance pay, discontinued service retirement, or Federal placement assistance programs.

**Signature:** \_\_\_\_\_  
[Typed Employee Name]

**Date:** \_\_\_\_\_

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**3-D-2-7**

**Sample Reduction in Force Notice 3 – Offer of Assignment to Position Within Two Lower Grades With Highest Previous Rate**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position]. We are offering you reduction in force assignment to a different position at your current grade.

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year]. Your salary will be set at the highest level allowed by highest previous rate regulations. You will continue in your present position during this specific notice period.

[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

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To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 2**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 3** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 4** is a release authorization.

- (3) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.
- (4) You will not be eligible for discontinued service retirement or severance pay since the offered position is within two grades of your current grade.

**Attachment 2**, "The Employee's Guide to RIF Benefits," has general information about leave and benefits.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

For benefits information, please schedule an appointment with (HR

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Representative's Name) on (Phone Number).

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) (State's Name) Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am not eligible for discontinued service retirement or severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-8**

**Sample Reduction in Force Notice 4 – Offer of Assignment to Position Within Two Lower Grades With Saved Grade and Pay**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (1) Title, Series, Grade; and
- (2) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept this offer, your assignment and change to lower grade will be effective on [Month, Day, Year]. You will continue in your present position during this specific notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits,” has information on grade retention.

[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation

dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record): and
- (8) Adjusted SCD (SCD-RIF).

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.
- (4) You will not be eligible for discontinued service retirement or severance pay since the offered position is within two grades of your current grade.

**Attachment 2**, "Employee's Guide to RIF Benefits," has general information about leave and benefits.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of (Month, Day, Year), your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

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For benefits information, please schedule an appointment with (HR Representative's Name) on (Phone Number).

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) (State's Name) Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am not eligible for discontinued service retirement or severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

---

**3-D-2-9**

**Sample Reduction in Force Notice 5 – Offer of Assignment to Position Within Two Lower Grades With Saved Grade and Pay And Eligibility for Optional Retirement**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits,” has information about grade retention.

[If applicable--Since you have received an offer of continued

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employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other

agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) Your personnel records indicate that you are eligible for optional retirement. You may contact [HR Representative's Name] on [Phone Number, E-Mail] for information about your eligibility for voluntary or involuntary retirement. You will not be eligible for severance pay since you are eligible for an immediate annuity.
- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

Attachment 5, RIF Benefits Guide, has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records

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used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee's Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am not eligible for discontinued service retirement or severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-10**

**Sample Reduction in Force Notice 6 – Offer of Assignment to Position More Than Two Grades Lower With Saved Pay, and No Eligibility for Severance Pay or Immediate Retirement**

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**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to pay retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits,” has information about pay retention.

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[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other

agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) You will not be eligible for severance pay because you have not completed at least 12 months of continuous Federal service.
- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 2**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail].

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[HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am not eligible for severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-11**      **Sample Reduction in Force Notice 7 – Offer of Assignment to Position More Than Two Grades Lower With Saved Grade and Eligibility for Severance Pay**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:**   Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a)     Title, Series, Grade; and
- (b)     Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits,” has information about grade and pay retention.

[If applicable--Since you have received an offer of continued

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employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition

Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) You will be eligible for severance pay because the position offered to you is more than two actual grades below the grade of your present position. You will lose your eligibility for severance pay if we make you a "reasonable offer" of a position within two actual grades of your present position.

**Attachment 6** is an estimate of your severance pay.

**Attachment 2**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 7** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. Part 351).

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The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 8** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) Severance Pay Estimate
- (7) [State's Name] Workforce Investment Act of 1998 Program Information
- (8) MSPB Appeal Form and Regulations

### **Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am currently eligible for severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-12**      **Sample Reduction in Force Notice 8 – Offer of Assignment to Position More Than Two Grades Lower With Saved Grade and Eligibility for Discontinued Service Retirement**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits,” has information about grade and pay retention.

[If applicable--Since you have received an offer of continued

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employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition

Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) You will be eligible for discontinued service retirement because the position offered to you is more than two actual grades below the grade of your present position. You will lose your eligibility for discontinued service retirement if we make you a "reasonable offer" of a position within two actual grades of your present position. You are not eligible for severance pay because you are eligible for an immediate retirement annuity.

**Attachment 2**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

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The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I am currently eligible for discontinued service retirement. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-13**      **Sample Reduction in Force Notice 9 – Offer of Assignment to Position More Than Two Grades Lower With Saved Grade and Eligibility for Optional Retirement**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, “Employee’s Guide to RIF Benefits Guide,” has information about grade and pay retention.

[If applicable--Since you have received an offer of continued

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employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition

Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) Your personnel records indicate that you are eligible for immediate voluntary retirement. You should contact [HR Representative's Name] for information about your eligibility for voluntary or involuntary retirement. You are not eligible for service pay because you are eligible for an immediate annuity.

**Attachment 2**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to

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review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Acceptance/Declination Form
- (3) Employee's RIF Benefits Guide
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations
- (8) Severance Pay Estimate Computation Form

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

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**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year] and that I will not be eligible for severance pay. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_

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**3-D-2-14**

**Sample Reduction in Force Notice 10 – Offer of Assignment to Position More Than Two Grades Lower With Saved Grade and Eligibility for Voluntary Early or Discontinued Service Retirement**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

(c) Title, Series, Grade; and

(d) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, "Employee's Guide to RIF Benefits Guide," has information about grade and pay retention.

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[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and

- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) Your personnel records indicate that you are eligible for immediate retirement under the voluntary early retirement or discontinued service retirement options. You will lose your eligibility for discontinued service retirement if we make you a "reasonable offer" of a position within two actual grades of your present position.

You may contact [HR Representative's Name] for information concerning your immediate retirement choices. You are not eligible for severance pay because you are eligible for an immediate retirement annuity.

**Attachment 2**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning

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during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

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**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year], and that I will be eligible for an immediate annuity under the discontinued service retirement or voluntary early retirement options. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-15**

**Sample Reduction in Force Notice 11 – Offer of Assignment to Position More Than Two Grades Lower With Saved Grade and Choice of Severance Pay or Annual Leave Until Initial Eligibility for Immediate Retirement or Continued Health Benefits**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position]. We are offering you reduction in force assignment to a different position at a lower grade.

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level but, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you have an assignment right to the position of:

- (a) Title, Series, Grade; and
- (b) Position Description Number:

**Attachment 1** is a copy of the position description. This offer of continuing employment is the best offer available. If you accept, your change to lower grade will be effective [Month, Day, Year], and you will be entitled to grade retention. You will continue in your present position during the reduction in force notice period.

**Attachment 2**, "Employee's Guide to RIF Benefits," has information about grade and pay retention.

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[If applicable--Since you have received an offer of continued employment, we canceled the Certification of Expected Separation dated (Month, Day, Year), that we previously issued to you.]

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You have 10 calendar days from the date you receive this notice to accept or decline the offered position. Please indicate your decision on the form at **Attachment 3**, sign and date in the space provided, and return it to the HRO, Room [xxxx], by close of business [Month, Day, Year]. If you fail to submit a written response to this offer by [Month, Day, Year], we will consider your action to be a declination of the offer of assignment.

If you decline the offer of assignment or fail to respond in writing to this offer, we will separate you by RIF procedures on [Month, Day, Year].

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and

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- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) Because (1) the offered position is more than two grades below the grade of your present position and (2) you will reach first eligibility for immediate retirement between the RIF effective date and the expiration of your accumulated annual leave balance, you will be eligible for one of the following two options:

- (a) [As applicable, discontinued service retirement or voluntary early retirement.] You have the right to use annual leave from [Month, Day, Year], the date you would otherwise be separated by RIF, through [Month, Day, Year], the date of your first eligibility for [as applicable, an immediate annuity and/or eligibility to continue health benefits participation into retirement.] Your personnel records on [Month, Day, Year] indicate that you have enough annual leave for this option.

**Attachment 6** has additional information and an election form. For additional information on this option, contact [HR Representative's Name] at [Phone Number, E-Mail]. To elect this option, submit your completed election form to [HR Representative's Name] located at [Location] before the RIF effective date [Month, Day, Year].

You will lose your eligibility for discontinued service retirement if we make you a "reasonable offer" of a position within two actual grades of your present position before the RIF effective date.

You are not eligible for severance pay if you are eligible for an immediate retirement annuity.

- (b) If you resign or are separated by RIF without receiving a “reasonable offer” of another position, you will be eligible for severance pay. **Attachment 7** is an estimate of your severance pay.

**Attachment 2**, “Employee’s RIF Benefits Guide,” also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 8** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM’s RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM’s 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day

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limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 9** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Copy of Position Description Number \_\_\_\_\_
- (2) Employee's Guide to RIF Benefits
- (3) Acceptance/Declination Form
- (4) Career Transition Placement Assistance Program Information
- (5) Authorization to Release Qualifications Information.
- (6) Election for Use of Annual Leave to Initial Eligibility for Benefits
- (7) Severance Pay Estimate
- (8) [State's Name] Workforce Investment Act of 1998 Program Information
- (9) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Acceptance/Declination Form**

**To:** Human Resources Office  
**From:** [Typed Employee Name]  
**Subject:** Reduction in Force (RIF) Offer Decision

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of [Title, Series, Grade]. I understand that, by accepting this offer, I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my RIF effective date.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that, because of this declination, I will be separated from the Federal service by RIF procedures on [Month, Day, Year]. I understand that I am eligible to remain on the agency's rolls in an annual leave status until [Month, Day, Year], [as applicable, the date(s) of my first eligibility for an immediate annuity, and/or continuation of health benefits into retirement]. I also understand that I will not be denied a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before my separation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**Election Form to Use Annual Leave for [as applicable, Initial Eligibility for an Immediate Annuity, and/or Continuation of Health Benefits Into Retirement]**

**Information and Election Form**

**Information**

Under 5 C.F.R 351.606(b), an agency must allow an employee scheduled for RIF separation to elect to use annual leave to remain on the rolls past the RIF effective date to establish first eligibility for immediate retirement, and or the participation requirement to continue health benefits into retirement.

The agency may not retain the employee past the date for [as applicable, first eligibility for an immediate annuity, and/or continuation of health benefits into retirement].

Under this temporary exception to the regular order of RIF release, the agency may not approve any other type of leave.

Annual leave for this purpose is defined in 5 C.F.R. 630.212(b) to include all accumulated, accrued, restored, and other authorized annual leave credited before the RIF effective date, and annual leave earned while in a paid leave status after the RIF effective date.

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**Election Form**

**To:** Human Resources Office

**From:** (Typed Employee Name)

**Subject:** Annual Leave to [as applicable, reach first eligibility for an immediate annuity, and/or continuation of health benefits into retirement].

Under 5 C.F.R. 351.606(b), I elect to use my accumulated annual leave to attain first eligibility for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement]. I understand that by electing this option, I will not be eligible for severance pay.

I elect this option with full understanding that:

- (1) I will be placed on annual leave effective [Month, Day, Year], the date I otherwise would have been separated by RIF procedures, through [Month, Day, Year], the first date I am eligible for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement]; and
- (2) I may not use any other type of leave to be retained under this authority; and
- (3) I will lose eligibility under this authority if my accumulated annual leave falls below the amount required to cover the period from [Month, Day, Year] to [(Month, Day, Year]; and
- (4) I will be separated by RIF procedures effective [Month, Day, Year], the first date I am eligible for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement].

Signature: \_\_\_\_\_  
[Typed Employee Name]

Date: \_\_\_\_\_

**3-D-2-16**      **Sample Reduction in Force Notice 12 – Declination of Assignment Offer to Lower-Graded Position**

**Memorandum** [On Agency Letterhead]

**To:**        [Employee Name]

**From:**     Personnel Officer

**Subject:** Receipt of Reduction in Force (RIF) Offer Declination

We have received your written decision to decline the change to lower grade RIF offer made to you in your Specific Notice of RIF dated [Month, Day, Year]. Because you declined the offer, you will be separated from the Federal service by RIF procedures effective [Month, Day, Year].

Because you declined a RIF offer to a position below your current grade and are now scheduled for RIF separation, you are eligible for the Department's Career Transition Assistance Program (CTAP), registration on the Department's Reemployment Priority List (RPL), and special selection priority under the Interagency CTAP. Attachment (X) to your Specific Notice of RIF was a copy of the Department's policies for these programs. An RPL application form is attached to this memorandum. Please contact [HR Representative's Name] on [Telephone, E-Mail] for additional information about these programs.

Your declination will not deny you a better offer under Title 5, Code of Federal Regulations, Part 351, if one becomes available before your separation.

All other information in your Specific Notice of RIF remains the same.

[Agency Signature]

**Attachment**

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**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-17**

**Sample Reduction in Force Notice 13 – Separation No Eligibility  
for Severance Pay or Immediate Retirement**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you do not have an assignment right to another position in your competitive area. As a result, you will be separated from the Federal service by RIF on [Month, Day, Year].

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:

- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

**Attachment 1**, "Employee's Guide to RIF Benefits," has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

You will not be eligible for severance pay because you will have less than 12 months of continuous Federal service on your expected RIF separation date.

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and

**Attachment 2** is a form to register for the [Name of Agency's] RPL.

- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 3** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 4** is a release authorization.

- (3) You will receive an offer of assignment under the RIF regulations if a better offer is available before your separation.

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**Attachment 5** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 6** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

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- (1) Employee's Guide to RIF Benefits
- (2) Career Transition Placement Assistance Program Information
- (3) Form to Register for the Reemployment Priority List
- (4) Authorization to Release Qualifications Information.
- (5) [State's Name] Workforce Investment Act of 1998 Program Information
- (6) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-18**      **Sample Reduction in Force Notice 14 – Separation With Eligibility for Severance Pay**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you do not have an assignment right to another position in your competitive area. As a result, you will be separated from the Federal service by RIF on [Month, Day, Year].

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the

- number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

**Attachment 1**, “Employee’s Guide to RIF Benefits,” has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative’s Name] on [Phone Number, E-Mail].

**Attachment 2** is an estimate of your total severance pay. You will lose your eligibility for severance pay if we make you a “reasonable offer” of a position within two actual grades of your present position before the RIF effective date.

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency’s] Career Transition Assistance Plan (CTAP) which provides:
- (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency’s] Reemployment Priority List (RPL); and

**Attachment 3** is a form to register for the [Name of Agency’s] RPL.

- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 4** is a copy of the [Name of Agency’s] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 5** is a release authorization.

- (3) You will receive an offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 6** has information on the benefits available under the

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[State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

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- (1) Employee's Guide to RIF Benefits
- (2) Severance Pay Estimate
- (3) Career Transition Placement Assistance Program Information
- (4) Form to Register for the Reemployment Priority List
- (5) Authorization to Release Qualifications Information.
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-19**      **Sample Reduction in Force Notice 15 – Separation With Eligibility  
for Discontinued Service Retirement**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you do not have an assignment right to another position in your competitive area. As a result, you will be separated from the Federal service by RIF on [Month, Day, Year].

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the

- number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

**Attachment 1**, “Employee’s Guide to RIF Benefits,” has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative’s Name] on [Phone Number, E-Mail].

Based on your age and years of service, you are eligible for discontinued service retirement. You will lose your eligibility for discontinued service retirement if we make you a “reasonable offer” of a position within two actual grades of your present position before the RIF effective date.

Since you are eligible for an immediate annuity, you are not eligible for severance pay.

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency’s] Career Transition Assistance Plan (CTAP) which provides:
- (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency’s] Reemployment Priority List (RPL); and

**Attachment 2** is a form to register for the [Name of Agency’s] RPL.

- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 3** is a copy of the [Name of Agency’s] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 4** is a release authorization.

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- (3) You will receive an offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 5** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 6** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Employee's Guide to RIF Benefits
- (2) Career Transition Placement Assistance Program Information
- (3) Form to Register for the Reemployment Priority List
- (4) Authorization to Release Qualifications Information.
- (5) [State's Name] Workforce Investment Act of 1998 Program Information
- (6) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-20**      **Sample Reduction in Force Notice 16 – Separation With Eligibility for Optional Retirement**

**Memorandum** [On Agency Letterhead]

**To:**     [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you do not have an assignment right to another position in your competitive area. As a result, you will be separated from the Federal service by RIF on [Month, Day, Year].

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the

- number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

**Attachment 1**, “Employee’s Guide to RIF Benefits,” has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative’s Name] on [Phone Number, E-Mail].

Your personnel records indicate that you are eligible for optional retirement. You may contact [HR Representative’s Name] on [Phone Number, E-Mail] for information about your eligibility for voluntary or involuntary retirement. Since you are eligible for an immediate annuity, you are not eligible for severance pay.

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency’s] Career Transition Assistance Plan (CTAP) which provides:
- (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency’s] Reemployment Priority List (RPL); and

**Attachment 2** is a form to register for the [Name of Agency’s] RPL.

- (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 3** is a copy of the [Name of Agency’s] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 4** is a release authorization.

- (3) You will receive an offer of assignment under the RIF regulations if a better offer is available before your separation.

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**Attachment 5** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 6** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

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- (1) Employee's Guide to RIF Benefits
- (2) Career Transition Placement Assistance Program Information
- (3) Form to Register for the Reemployment Priority List
- (4) Authorization to Release Qualifications Information.
- (5) [State's Name] Workforce Investment Act of 1998 Program Information
- (6) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-21**

**Sample Reduction in Force Notice 17 – Separation With Choice of Severance Pay or Annual Leave Until Initial Eligibility for Immediate Retirement or Continued Health Benefits**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position]. .

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you do not have an assignment right to another position in your competitive area. As a result, you will be separated from the Federal service by RIF on [Month, Day, Year].

**Attachment 1**, “Employee’s Guide to RIF Benefits,” has information about benefits available to employees who separated by RIF.

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans’ preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

(1) Competitive Area:

- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

**Information on Options Available if You are Separated by RIF.**

- (1) You will be eligible for [Name of Agency's] Career Transition Assistance Plan (CTAP) which provides:
  - (a) Special selection priority to all components in the [Name] commuting area;
  - (b) Registration on the [Name of Agency's] Reemployment Priority List (RPL); and
  - (c) Information about special selection priority to other agencies under the Interagency Career Transition Assistance Plan (ICTAP).

**Attachment 2** is a copy of the [Name of Agency's] policies for the CTAP, RPL, and ICTAP programs.

- (2) You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 3** is a release authorization.

- (3) Because (1) the offered position is more than two grades below the grade of your present position and (2) you will reach first eligibility for immediate retirement between the RIF effective date and the expiration of your accumulated annual leave balance, you will be eligible for one of the following two options:
  - (a) [As applicable, discontinued service retirement or voluntary early retirement.] You have the right to use annual leave from [Month, Day, Year], the date you would otherwise be separated by RIF, through [Month,

Day, Year], the date of your first eligibility for [as applicable, an immediate annuity and/or eligibility to continue health benefits participation into retirement.] Your personnel records on [Month, Day, Year] indicate that you have enough annual leave for this option.

**Attachment 4** has additional information and an election form. For additional information on this option, contact [HR Representative's Name] at [Phone Number, E-Mail]. To elect this option, submit your completed election form to [HR Representative's Name] located at [Location] before the RIF effective date [Month, Day, Year].

You will lose your eligibility for discontinued service retirement if we make you a "reasonable offer" of a position within two actual grades of your present position before the RIF effective date.

You are not eligible for severance pay if you are eligible for an immediate retirement annuity.

- (b) If you resign or are separated by RIF without receiving a "reasonable offer" of another position, you will be eligible for severance pay. **Attachment 5** is an estimate of your severance pay.

**Attachment 1**, "Employee's Guide to RIF Benefits," also has general information about leave and benefits. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

- (4) You will receive a better offer of assignment under the RIF regulations if a better offer is available before your separation.

**Attachment 6** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

Whether you accept or decline this offer, if you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/ placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged

to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 7** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

### **Attachments**

- (1) Employee's Guide to RIF Benefits
- (2) Career Transition Placement Assistance Program Information
- (3) Authorization to Release Qualifications Information.
- (4) Election for Use of Annual Leave to Initial Eligibility for Benefits
- (5) Severance Pay Estimate
- (6) [State's Name] Workforce Investment Act of 1998 Program Information
- (7) MSPB Appeal Form and Regulations

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**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

**Information**

Under 5 C.F.R 351.606(b), an agency must allow an employee scheduled for RIF separation to elect to use annual leave to remain on the rolls past the RIF effective date to establish first eligibility for immediate retirement, and or the participation requirement to continue health benefits into retirement.

The agency may not retain the employee past the date for [as applicable, first eligibility for an immediate annuity, and/or continuation of health benefits into retirement].

Under this temporary exception to the regular order of RIF release, the agency may not approve any other type of leave.

Annual leave for this purpose is defined in 5 C.F.R. 630.212(b) to include all accumulated, accrued, restored, and other authorized annual leave credited before the RIF effective date, and annual leave earned while in a paid leave status after the RIF effective date.

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**Election Form**

**To:** Human Resources Office

**From:** (Typed Employee Name)

**Subject:** Annual Leave to [as applicable, reach first eligibility for an immediate annuity, and/or continuation of health benefits into retirement].

Under 5 C.F.R. 351.606(b), I elect to use my accumulated annual leave to attain first eligibility for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement]. I understand that by electing this option, I will not be eligible for severance pay.

I elect this option with full understanding that:

- (1) I will be placed on annual leave effective [Month, Day, Year], the date I otherwise would have been separated by RIF procedures, through [Month, Day, Year], the first date I am eligible for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement]; and
- (2) I may not use any other type of leave to be retained under this authority; and
- (3) I will lose eligibility under this authority if my accumulated annual leave falls below the amount required to cover the period from [Month, Day, Year] to [(Month, Day, Year]; and
- (4) I will be separated by RIF procedures effective [Month, Day, Year], the first date I am eligible for [as applicable, an immediate annuity, and/or continuation of health benefits into retirement].

Signature: \_\_\_\_\_  
[Typed Employee Name]

Date: \_\_\_\_\_

**3-D-2-22**

**Sample Reduction in Force Notice 18 – Separation From Intermittent Appointment With No Severance Pay**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you will be separated from the Federal service by RIF on [Month, Day, Year].

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):
- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):

(8) Adjusted SCD (SCD-RIF):

You are not eligible for severance pay because you hold a position with an intermittent work schedule.

**Attachment 1**, "Employee's Guide to RIF Benefits," has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

**Information on Options Available if You are Separated by RIF.**

You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 2** is a release authorization.

**Attachment 3** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between

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the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 4** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Employee's Guide to RIF Benefits
- (2) Authorization to Release Qualifications Information.
- (3) [State's Name] Workforce Investment Act of 1998 Program Information
- (4) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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**3-D-2-23**

**Sample Reduction in Force Notice 19 – Separation From Term Appointment With No Severance Pay**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you will be separated from the Federal service by RIF on [Month, Day, Year]. You have no assignment right to another position.

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):

- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You are not eligible for severance pay because you hold a term position.

**Attachment 1**, "Employee's Guide to RIF Benefits," has information about leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

**Information on Options Available if You are Separated by RIF.**

You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 2** is a release authorization.

**Attachment 3** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail]. [HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name

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of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 4** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Employee's Guide to RIF Benefits
- (2) Authorization to Release Qualifications Information.
- (3) [State's Name] Workforce Investment Act of 1998 Program Information
- (4) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

---

**3-D-2-24**

**Sample Reduction in Force Notice 20 – Separation From  
Excepted Position With Severance Pay**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Specific Notice of Reduction in Force (RIF)

I regret to inform you that you will be affected by a reduction in force (RIF) action because [Specify: (1) your position is abolished, or (2) you are being displaced from your position].

[Reason for the reduction in force-Example:]

This RIF is necessary to implement a reorganization in the Files Management Division (FMD), Bureau of Automated Information. The Division is reorganizing to resolve a shortage of funds and to streamline the way we perform our work.

This is your specific notice of how the FMD RIF will affect you. You will be released from your competitive level and, under the RIF regulations (Title 5, Code of Federal Regulations, Part 351), you will be separated from the Federal service by RIF on [Month, Day, Year]. You have no assignment right to another position.

To conduct the RIF, the Human Resources Office (HRO) prepared retention registers which listed employees in retention standing order based on civil service tenure, veterans' preference, length of Federal service, and performance ratings. We used the following information to determine your retention standing as of the RIF effective date:

- (1) Competitive Area:
- (2) Type of Service:
- (3) Position Title, Series, Grade:
- (4) Competitive Level:
- (5) Tenure Group and Subgroup:
- (6) Service Computation Date (SCD):

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- (7) Three Most Recent Performance Ratings of Record (with the number of years credited for each rating of record):
- (8) Adjusted SCD (SCD-RIF):

You are not eligible for severance pay because you hold a term position.

You are eligible for severance pay.

**Attachment 1**, "Employee's Guide to RIF Benefits," has general information about severance pay, leave and other benefits available to employees separated by RIF. For benefits information, please schedule an appointment with [HR Representative's Name] on [Phone Number, E-Mail].

**Attachment 2** is an estimate of your severance pay.

**Information on Options Available if You are Separated by RIF.**

You may authorize the HRO to release your qualifications information to Federal, state, and private sector agencies and organizations.

**Attachment 3** is a release authorization.

**Attachment 4** has information on the benefits available under the [State's Name] Workforce Investment Act of 1998 Program, including unemployment insurance.

If you resign on or before the RIF effective date of [Month, Day, Year], your separation will be considered involuntary. Please be advised that you may affect your eligibility for Federal reemployment/placement assistance programs and/or your appeal rights if you resign. You are strongly encouraged to contact the HRO for information if you are considering resigning during this specific notice period.

We are taking this authority under authority of OPM's RIF regulations published in part 351 of title 5 of the Code of Federal Regulations (5 C.F.R. part 351).

The HRO maintains the retention registers, and the personnel records used to develop these registers. You may make an appointment to review all retention registers relevant to your retention standing by contacting [HR Representative's Name] on [Phone Number, E-Mail].

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[HR Representative's Name] may also provide you with a copy of OPM's 5 C.F.R. part 351 reduction in force regulations.

If you believe that your retention rights were violated, you may appeal the RIF action to the Merit Systems Protection Board (MSPB), [Name of] Regional Office, [Street Address], [Name of City], [Name of State], [Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, the Board may dismiss the appeal as untimely filed, unless you can show good cause for the delay.

**Attachment 5** is a copy of the appeal form and the MSPB appeal regulations.

This RIF action does not reflect on your service, performance or conduct. It is being taken solely for because of the reorganization in the FMD.

[Agency signature]

**Attachments**

- (1) Employee's Guide to RIF Benefits
- (2) Severance Pay Estimate
- (3) Authorization to Release Qualifications Information.
- (4) [State's Name] Workforce Investment Act of 1998 Program Information
- (5) MSPB Appeal Form and Regulations

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

---

### **Section 3, Grievance Rights Paragraph for Notice to Certain Bargaining Unit Employees**

---

**Introduction** This section provides sample written guidance that an agency may include in a specific reduction in force notice when an employee has a basic right to grieve a reduction in force action under an applicable collective bargaining agreement.

---

**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Paragraph</b>
Notice of Grievance Right for Certain Bargaining Unit Employees	3-D-3-1
Sample Notice of Grievance Right for Certain Bargaining Unit Employees	3-D-3-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

<b>To find additional information on key paragraphs in Unit 3-D,</b>	<b>In Module 3, see paragraph:</b>
3-D-3-1-(a)	3-D-2-2
3-D-3-1-(b)	3-D-3-2

**D** This symbol highlights where you can find additional material in Unit 3-D.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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### **Section 3, Grievance Rights Paragraph for Notice to Certain Bargaining Unit Employees**

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#### **3-D-3-1      Notice of Grievance Right for Certain Bargaining Unit Employees**

- D**      (a)      Paragraph **3-D-2-2** explains that an agency must provide notice of a grievance right for an employee in a bargaining unit covered by a negotiated grievance procedure that does not exclude reduction in force. (5 CFR 1201.3(c)(2))
- The employee must use the negotiated grievance procedure and may not appeal the reduction in force action to the Merit Systems Protection Board unless the released employee raises an allegation of discrimination. (5 CFR 1201.3(c)(2))
- D**      (b)      In using the sample specific reduction in force notices found in Section **3-D-2**, the agency should substitute language similar to paragraph **3-D-3-2** below for the sample paragraph providing employees with the right to appeal the reduction in force action to the Merit Systems Protection Board.
- D**      •      In drafting its sample reduction in force notices, the agency should modify the language in paragraph **3-D-3-2** below as needed for consistency with its applicable collective bargaining agreement.
- 

#### **3-D-3-2      Sample Notice of Grievance Right for Certain Bargaining Unit Employees**

If you are [Select One, as appropriate: (1) Separated, or (2) Changed To Lower Grade] by RIF procedures and you believe your rights have been violated you may grieve the RIF action under the negotiated grievance procedures specified in the Collective Bargaining Agreement (CBA) between [Agency Name] and [Exclusive Representative Name].

Because RIF is not excluded from the CBA, you must use the negotiated grievance procedures unless you believe the RIF action is because of prohibited discrimination (see next paragraph). Contact

your union steward for a copy of the CBA.

If you believe the RIF action is due to prohibited discrimination, you may either (1) grieve under the negotiated grievance procedures, or (2) appeal to the Merit Systems Protection Board (MSPB), but not both (1) and (2). If you choose to file a written grievance, you may not later file an appeal to the MSPB. Your choice of procedure is determined by whatever action you initiate in writing first, the timely filing of a grievance under the negotiated grievance procedures or a timely appeal to the MSPB in accordance with the Board's regulations.

If you choose to file an appeal to the MSPB instead of grieve under the negotiated grievance procedures, the address is: MSPB, [City] [Regional or Field, as applicable] Office, [(Street Address), [(City), [State], [(Zip Code]. Your appeal must be in writing and must be filed between the day after the RIF effective date and 30 calendar days after that effective date. If your appeal is not filed within this 30 calendar day limit, it may be dismissed as untimely filed, unless you can show good cause for the delay.

Attachment [Insert Attachment Number] is a copy of the appeal form and the MSPB appeal regulations.

You may request the MSPB to review the final decision of the negotiated grievance procedures if you allege that you were subject to prohibited discrimination.

Your request for review must be filed within 35 days after the date of issuance of the final decision or, if you can show that you received the final decision more than 5 days after the date of issuance, within 30 days after the date you received the final decision. You must provide the information specified in 5 C.F.R. 1201.154(d) [Insert Attachment Number], and file your review request with the Clerk of the Board, Merit Systems Protection Board, Washington, D.C., 20419.

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## Section 4, Certification of Expected Separation

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**Introduction** This section provides a sample Certification of Expected Separation that an agency, at its option, may issue to an employee who is likely to be separated by reduction in force within 6 months.

---

**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of the Certification of Expected Separation	3-D-4-1
Sample Certification of Expected Separation	3-D-4-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-4-1	3-A-32
3-D-4-1-(a)	3-A-32-7
3-D-4-1-(b)	3-A-32-5

**A** This symbol highlights where you can find additional material in Unit 3-A.

**D** This symbol highlights where you can find additional material in Unit 3-D.

**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## **Section 4, Certification of Expected Separation**

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### **3-D-4-1**

#### **Purpose of the Certification of Expected Separation**

The Certification of Expected Separation (CES) authorizes certain surplus employees to participate in State “Workforce Investment Act” programs up to 6 months before their likely separation by reduction in force.

- A**
- Section **3-A-32** covers the “Certification of Expected Separation.”
- (a) The Certification of Expected Separation also provides a surplus employee with selection priority for intra-agency career transition assistance programs.
- A**
- Paragraph **3-A-32-7** covers an employee’s eligibility for additional outplacement assistance after receiving a Certification of Expected Separation.
- (b) A Certification of Expected Separation is not a specific written reduction in force notice.
- A**
- See paragraph **3-A-32-5** for additional guidance.
- 

### **3-D-4-2**

#### **Sample Certification of Expected Separation**

**Memorandum** [On Agency Letterhead]

**To:** [Employee Name]

**From:** Personnel Officer

**Subject:** Certification of Expected Separation

The [Name of Agency or Agency Activity] plans to conduct effect a reduction in force on or about [Month, Day, Year]. This is not a reduction in force notice. However, based on a review of your personnel records, we have determined that:

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- (1) There is a good likelihood you will be separated by reduction in force procedures;
- (2) You are not eligible or have not filed an application for retirement, or indicated an intent to retire;
- (3) You have only limited or no opportunities for placement in your same position (or in a similar position) with this agency in your present local commuting area;
- (4) You have only limited or no opportunities for placement in your same position (or in a similar position) within other Federal agencies in your present local commuting area; and
- (5) Opportunities for you to obtain other employment in your present local commuting area in your same position (or in a similar position) are limited or nonexistent.

Again, this is not a specific reduction in force notice. At least 60 days prior to any separation or demotion action, you will receive a specific notice of reduction in force, explaining the reasons for the action, your retention rights, and other relevant information concerning the action.

The purpose of this Certification is to enable you to participate in the [Agency Name]'s Career Transition Assistance Plan, prior to the expected date of reduction in force. With the Certification you may also register in other career transition assistance programs to both help assist you locate alternative employment, and/or to improve your alternative employment prospects. To enroll in these outplacement programs, you must have a copy of this Certification.

With this Certification, you are eligible to participate in the following programs:

1. Workforce Investment Act (WIA) of 1998 Programs. The U.S. Department of Labor provides funding to the states for various retraining and readjustment assistance to displaced workers, such as counseling, testing, and placement assistance.

**Attachment 1** has information about [Name of State]'s WIA programs.

2. The [Name of Agency]'s Career Transition Assistance Plan (CTAP). The CTAP provides career transition services, special

selection priority, and discusses how we operate our Reemployment Priority List, described below.

**Attachment 2** has information about the [Name of Agency]'s Career Transition Assistance Plan.

3. Reemployment Priority List (RPL). You may register for the [Name of Agency]'s Reemployment Priority List for priority consideration to competitive service positions in the local commuting area. Your priority consideration is over certain job applicants from outside the agency. You must submit a completed registration form (**Attachment 3**) to be entered on the RPL.

**Attachment 4** has more information concerning the Reemployment Priority List.

If you receive a reduction in force separation notice, you will become eligible for the Interagency Career Transition Assistance Plan (ICTAP). The Interagency Career Transition Assistance Plan provides eligible displaced employees who will be separated (or have been separated) with special selection priority for positions in other agencies in the present local commuting area. You will receive detailed information if you become eligible for the Interagency Career Transition Assistance Plan.

If you have questions about the information in this certification, please contact [Name of Agency HRO Representative] on [Phone, E-Mail].

[Agency Official Signature]

**Attachments:**

1. [State Name] WIA Program Information
  2. [Agency Name] CTAP Information
  3. RPL Registration Form
  4. RPL Information
-

## Section 5, Authorization to Release Resume

---

**Introduction** This section provides a sample form that allows an agency to share with potential employers the resume of an employee who receives a reduction in force separation notice.

---

**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of the Authorization to Release Resume	3-D-5-1
Sample Authorization to Release Resume	3-D-5-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-5-1	3-A-30-2-(c)

**A** This symbol highlights where you can find additional material in Unit 3-A.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## **Section 5, Authorization to Release Resume**

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### **3-D-5-1**

#### **Purpose of the Authorization to Release Resume**

When an agency issues a reduction in force to an employee, the agency must provide the employee (either in or with the reduction in force notice, or as a separate supplemental notice to the released employee), with information on authorizing the release of the displaced employee's resume to potential employers. (5 CFR 351.803(a))

#### **A**

- See subparagraph **3-A-30-2-(c)** for additional guidance.

The displaced employee has the sole right to authorize release of the resume. (5 CFR 351.803(a))

- (a) After the displaced employee completes the release, the agency may forward the employee's resume and other relevant information to:
- (1) The appropriate State unit that implements the Workforce Investment Act of 1998; (5 CFR 351.803(a))
  - (2) Potential public sector employers; (5 CFR 351.803(a)), and
  - (3) Potential private sector employers. (5 CFR 351.803(a))
- 

### **3-D-5-2**

#### **Sample Authorization to Release Resume**

##### **Sample: Authorization to Release Resume and Other Employment Information**

To assist your search for employment, [Agency Name] wants to send your qualifications information to interested employers. The potential employers may be public, or private. The potential employers may include (1) Federal, State, and local employment agencies (including outplacement services), and (2) public and community service agencies.

We need your authorization to release your qualifications information to these parties. If you want the [Agency Name] to send your

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qualifications information to potential employers, you must provide your information to us in writing (e.g., a resume, curriculum vitae, OF 612, SF 171, or other written format). You must also read and sign the following:

Privacy Act Notice

I authorize the [Agency Name] to disclose information about my employment qualifications to public and private employers. I will provide/have provided my qualifications information to [Agency Name] before my separation date, either by submitting new materials or through qualification statements already on file. I understand that this authorization is voluntary. I may rescind this authorization in the future by notifying [Agency Name] in writing.

**Signature:** \_\_\_\_\_  
[Typed Employee Name]

**Date:** \_\_\_\_\_

---

## Section 6, Agency-Initiated Voluntary Change to Lower Grade Notice

---

**Introduction** In some situations an agency may opt to offer a surplus or displaced employee a voluntary change to lower grade in lieu of an actual or potential reduction in force action. This section provides a sample Agency-Initiated Voluntary Change to Lower Grade Notice.

---

**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Notice Offering Voluntary Change to Lower Grade	3-D-6-1
Sample Agency-Initiated Voluntary Change to Lower Grade Notice	3-D-6-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-6-1	3-A-6-1

**A** This symbol highlights where you can find additional material in Unit 3-A.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## Section 6, Agency-Initiated Voluntary Change to Lower Grade Notice

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### 3-D-6-1      **Purpose of Notice Offering Voluntary Change to Lower Grade**

As an option to minimize the need for reduction in force actions, in some situations one option is for the agency to offer a surplus or displaced employee a voluntary change to lower grade in lieu of an actual or potential reduction in force action.

- (a) If the agency has announced the reason for the reorganization in writing, the agency at its option may offer:
  - (1) Saved grade and saved pay; (5 CFR 536.103(b))
  - (2) Only saved pay; (5 CFR 536.103(b)), or
  - (3) Neither saved grade nor saved pay. (5 CFR 536.103(b))
  - An otherwise eligible employee who accepts a lower-graded position after receiving a specific reduction in force notice is eligible for both saved grade and saved pay. (5 CFR 536.103(a)(1))
- (b) All reduction in force actions (lack of work, shortage of funds, reduced personnel ceiling) are actually subsets of “Reorganization.”
  - A**      • See paragraph **3-A-6-1** for additional information on “Reorganization.”
- (c) Although a voluntary change to lower grade is generally not appealable to the Merit Systems Protection Board, the Board on appeal may consider whether the change to lower grade was actually a voluntary action, or whether the change resulted from coercion or misinformation provided to the appellant.
  - For additional guidance, see **Cooley v. Postal Service**, 68 M.S.P.R. 353 (1995); **Mims v. DoD**, 71 M.S.P.R. 74 (1996); **Hartman v. Treasury**, 79 M.S.P.R. 576 (1998); **Paul v. Navy**, 80 M.S.P.R. 174 (1998); **Johnson v. Army**, 83 M.S.P.R. 141 (1999); **Mack v. Navy**, 86

M.S.P.R. 444 (2000); and **Burger v. Postal Service**, 88  
M.S.P.R. 579 (2001).

---

**3-D-6-2**

**Sample Agency-Initiated Voluntary Change to Lower Grade  
Notice**

**Memorandum**

**To:** [Typed Employee Name]

**From:** [Name], Personnel Officer

**Subject:** Offer of Voluntary Change to Lower Grade

The Office of Program Management is currently performing a workforce and processes study to streamline internal production review and audit systems. The study is near completion. Although we know that certain positions will continue and other positions will not in the new organization, we have not determined if a reduction in force (RIF) will be necessary to accomplish the streamlining. The RIF process may be required if alternative staffing options are not successful.

We have determined that your position, Management Analyst GS-343-12, will be in a surplus occupation in the new organization. Through attrition, a vacant continuing position at a grade lower than your current position has become available, Management Analyst, GS-343-11.

Because your current position of record is in a surplus occupation and this vacant position is available, we are offering you a voluntary change to lower grade from your present position of Management Analyst GS-343-12, to the position of Management Analyst, GS-343-11.

**Attachment 1** is a copy of the position description.

If you accept this offer, your change to lower grade will be effective [Month, Day, Year] and you will be given grade and pay retention at the GS-11 level.

**Attachment 2** has information about grade and pay retention.

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If you decline this voluntary change to lower grade, your declination will not affect your retention rights or entitlements if we subsequently conduct a RIF.

Please indicate your decision to accept or decline this offer on the form at **Attachment 3**.

You should sign and date Attachment 3 in the appropriate spaces, and return Attachment 3 to the Human Resources Office (HRO), Room 2414, by close of business [Month, Day, Year]. If you have any questions or need additional information about this offer, please contact [Name of HRO Representative] at [Phone Number, E-Mail].

This offer is being made to alleviate the need to conduct a RIF, or to minimize its impact if it is required. This offer of a lower-graded position does not reflect or your conduct or performance.

[Agency Signature]

Attachment

**Receipt Acknowledged:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Name of Employee]

---

**Acceptance or Declination of Voluntary Change to Lower Grade**

**Memorandum**

**To:** [Name], Personnel Officer

**From:** [Typed Employee Name]

**Subject:** Acceptance or Declination of Voluntary Change to Lower Grade Offer

\_\_\_\_\_ I ACCEPT the offer to be changed to lower grade to the position of Widget Production Controller, GS-301-9. I accept this position with the following understanding:

1. My decision to accept this offer is voluntary;
2. I will receive grade and pay retention at my current salary; and
3. I was not required to accept this offer and, had I declined it, such a declination would not have affected any of my rights or entitlements under reduction in force (RIF) competition, including grade and pay retention, as applicable.

\_\_\_\_\_ I DECLINE the offer to be changed to lower grade. I understand that this declination will not affect any rights or entitlements I have under reduction in force competition and/or my eligibility for grade and pay retention, as applicable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Name of Employee]

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Name of Agency Official]

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## Section 7, Merit Promotion Voluntary Change to Lower Grade Notice Through the Career Transition Assistance Plan

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**Introduction** An agency may be able to offer a surplus or displaced employee a voluntary change to lower grade in lieu of an actual or potential reduction in force action after the employee applies for the lower-graded position through the agency's merit promotion plan. This section includes a sample voluntary change to lower grade notice for a situation where an employee eligible for selection priority under the agency's Career Transition Assistance Plan applied for and was selected for a lower-graded position.

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**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Merit Promotion Notice Offering Voluntary Change to Lower Grade	3-D-7-1
Sample Merit Promotion Notice Offering Voluntary Change to Lower Grade	3-D-7-2

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**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-7-1-(a)	3-D-6-1-(a)
3-D-7-1-(a)	3-D-6-1-(b)
3-D-7-1-(b)	3-D-6-1-(c)

<p><b>D</b> This symbol highlights where you can find additional material in Unit 3-D.</p>
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<p><b>①</b> This symbol guides you toward more general references on the subject in Module 3 or in other Modules.</p>
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## **Section 7, Merit Promotion Voluntary Change to Lower Grade Notice Through the Career Transition Assistance Plan**

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### **3-D-7-1      Purpose of Merit Promotion Notice Offering Voluntary Change to Lower Grade**

As another option to minimize the need for reduction in force actions, the agency may be able to offer a surplus or displaced employee eligible for the Career Transition Assistance Plan a voluntary change to lower grade in lieu of an actual or potential reduction in force action after the employee applies for the position through the agency's merit staffing plan.

- ①
    - Restructuring Information Handbook Module 7, Unit A (7-A), covers the "Career Transition Assistance Plan."
  
  - D (a) The provisions on saved grade and pay covered in subparagraphs **3-D-6-1-(a)** and **(b)** for a management-initiated voluntary change to lower grade also apply to a merit promotion voluntary change to lower grade for a surplus or displaced employee eligible for selection priority through the Career Transition Assistance Plan.
  
  - D (b) The provisions in subparagraph **3-D-6-1-(c)** on appealing an apparently voluntary action to the Merit Systems Protection Board also apply to a merit promotion voluntary change to lower grade for a surplus or displaced employee eligible for selection priority through the Career Transition Assistance Plan.
- 

### **3-D-7-2      Sample Merit Promotion Notice Offering Voluntary Change to Lower Grade**

#### **Memorandum For The Record**

Having applied and been selected for this position under my agency's merit placement program, I [Employee Name], voluntarily accept a change to lower grade from my current position of Management Analyst, GS-343-12, to Management Analyst, GS-334-11 (full performance level GS-343-12), with the Office of Program Management, duty station, Washington, D.C.

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I accept this position with the following understanding:

1. My decision is voluntary;
2. I will receive grade and pay retention at my current salary;
3. The agency presently has approval to conduct a reduction in force (RIF) in my competitive area;
4. I am eligible for selection priority under the Name of Agency]'s Career Transition Assistance Plan;
5. I was not required to apply for, or to accept this position
6. If I declined the offer of this position, the declination would not affect any of my rights and or entitlement under RIF competition or related benefits; and
7. If I have questions regarding any of the above, I may contact [HR Representative Name], and [Phone Number, E-Mail] before signing this Memorandum.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Name of Employee]

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Name of Agency Official]

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## Section 8, Transfer of Function Canvass Letter to One Location

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**Introduction** Restructuring Information Handbook Module 4 covers “Transfer of Function.” This section contains a sample Transfer of Function Canvass Letter when a function transfers to one location. Section 3-D-9 contains a sample Transfer of Function Canvass Letter when a function transfers to multiple locations. An agency may use these sample letters as guidance in developing its transfer of function canvass letters.

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**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Transfer of Function Canvass Letter	3-D-8-1
Sample Transfer of Function Canvass Letter to One Location	3-D-8-2

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**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

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<p>① This symbol guides you toward more general references on the subject in Module 3 or in other Modules.</p>
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## **Section 8, Transfer of Function Canvass Letter to One Location**

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### **3-D-8-1**

#### **Purpose of Transfer of Function Canvass Letter**

At its option, the competitive area losing a function may use a canvass letter to asking each competing employee identified with a transferring function whether the employee will actually transfer with the function to a new geographic location.



- Section **4-A-12** in Restructuring Information Handbook Module 4 (“Transfer of Function”) covers transfer of function canvass letters.

### **3-D-8-2**

#### **Sample Transfer of Function Canvass Letter to One Location**

##### **Memorandum**

**To:** [Typed Employee’s Name]

**From:** [Name of Agency Official]

**Subject:** Right to Transfer with your Function

We are issuing this notice because your position is identified with a function being transferred from Biloxi, Mississippi, to Baltimore, Maryland.

[State what function is moving, the losing and gaining locations of the functions, and when the transfer of function will take place].

The Bureau of Paper Management is consolidating the Forms Management function from the various field locations into a central location in Baltimore, Maryland. The consolidation will be effective on or about October 1, 2001.)

You have a right to transfer with your function to Baltimore, Maryland. You have this right because we cannot guarantee you another position in your current location.

Although you have a transfer right to Baltimore, we may not have enough positions for all employees having transfer rights who elect to

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move. If this occurs, we will use reduction in force (RIF) procedures under Title 5, Code of Federal Regulations (CFR), Part 351, to determine employees' placement rights in the Baltimore office. The Baltimore human resources office will consolidate employee records, conduct the RIF, and issue specific notices before any employees actually relocate to Baltimore.

We need to know if you want to exercise your transfer right. Once all employees have responded, we will know if a RIF is required. If you choose to transfer and receive a job offer, transportation expenses for you and your dependents, including costs for moving your household goods, will be paid as allowed under the Federal Travel Regulations.

**Note:** If at any time you choose not to transfer, your election is final. You may not change your decision.

Unless another position becomes available, you may be separated from the Federal service under the adverse action procedures at Title 5, CFR, Part 752. If you decline to transfer, or if you accept but no position is available in the Baltimore office, your eligibility for placement programs and other benefits will be based on your current local commuting area.

You have 10 calendar days from the date you receive this notice to decide if you will transfer with your function. Please indicate your decision on the attached form. If you do not respond in writing within 10 calendar days, we will consider your non-response as a declination.

You should carefully consider all aspects of this important decision. [Name of Human Resources Office Representative] at [Phone, E-Mail] can answer questions about your rights.

We appreciate your service with the Bureau of Paper Management and we encourage you to consider pursuing your career with the new activity in Baltimore.

[Agency Representative]

**Attachment**

**Signature:** \_\_\_\_\_  
[Typed Employee Name]

**Date:** \_\_\_\_\_

**Transfer of Function Election Form**

**To:** [Name of Agency Representative in] Human Resources Office

**From:** [Typed Employee's Name]

**Subject:** Transfer of Function Election Decision

I understand I have a right to transfer with my function from Biloxi, Mississippi, to Baltimore, Maryland. I have indicated below whether I will or will not transfer.

\_\_\_ I elect to transfer with my function to Baltimore, Maryland. I understand that my placement rights have not been determined yet and that I will be informed in writing when a final decision is made.

\_\_\_ I elect NOT to transfer with my function to Baltimore, Maryland. I understand that, by this election, I forfeit any further employment consideration in the Baltimore office and that I may be separated from Federal service under adverse action procedures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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## Section 9, Transfer of Function Canvass Letter to Multiple Locations

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**Introduction** Restructuring Information Handbook Module 4 covers “Transfer of Function.” This section contains a sample Transfer of Function Canvass Letter when a function transfers when a function transfers to multiple locations. Section 3-D-8 contains a sample Transfer of Function Canvass Letter when a function transfers to one location. An agency may use these sample letters as guidance in developing its transfer of function canvass letters.

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**Contents** This section contains the following topics:

Topic	See Paragraph
Sample Transfer of Function Canvass Letter to Multiple Locations	3-D-9-1

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

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① This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## **Section 9, Transfer of Function Canvass Letter to Multiple Locations**

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### **3-D-9-1      Sample Transfer of Function Canvass Letter to Multiple Locations**

#### **Memorandum**

**To:** [Typed Employee's Name]

**From:** [Name of Agency Official]

**Subject:** Right to Transfer with your Function

We are issuing this notice because your position is identified with a function being transferred from Biloxi, Mississippi, to either Dayton, Ohio, or Denver, Colorado. We need to know if you want to transfer with your function and, if so, to which location.

[State what function is moving, the losing and gaining locations of the functions, and when the transfer of function will take place].

The Bureau of Paper Management is consolidating the Forms Management function from the various field locations into two regional locations in Dayton, Ohio, and Denver, Colorado. The consolidation will be effective on or about October 1, 2001.)

You have a right to transfer with your function and to choose one of the locations. You have this right because we cannot guarantee you another position in your current location.

Although you have a transfer right, we may not have enough positions in your selected location for all employees with transfer rights who want to move there. If this happens, we will use reduction in force (RIF) procedures under Title 5, Code of Federal Regulations (CFR), Part 351, to determine employees' placement rights in the new locations. The appropriate human resources office will consolidate employee records, conduct the RIF, and issue specific notices before any employees actually relocate to gaining commuting area.

We are giving this notice to all employees with a transfer right. Once all employees have responded and identified which location they prefer, we will know if RIF's are required. If you choose to transfer and receive a

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job offer, transportation expenses for you and your dependents, including costs for moving your household goods, will be paid as allowed by the Federal Travel Regulations. The appropriate human resources office will provide you with information about the new location.

If you choose not to transfer, your decision is considered final. You may not change your decision later. Unless another position becomes available, you may be separated from the Federal service under the adverse action procedures at Title 5, CFR, Part 752. If you decline to transfer, or if you accept the transfer but no position is available in your selected location, your eligibility for placement programs and other benefits will be based on your current local commuting area.

You have 10 calendar days from the date you receive this notice to decide if you will transfer with your function and to select a location. Please indicate your decision on the attached form. If you do not respond in writing within 10 calendar days, we will consider your non-response as a declination.

You should carefully consider all aspects of this important decision. [Human Resources Office Representative] at [Phone Number, E-Mail] can answer questions about your rights and eligibility for various benefits.

We appreciate your service with the Bureau of Paper Management and we encourage you to consider pursuing your career with one of the new organizational locations.

[Agency Representative]

**Attachment**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

**Transfer of Function Election Form**

**To:** [Name of Agency Representative in] Human Resources Office

**From:** [Typed Employee's Name]

**Subject:** Transfer of Function Election Decision

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I understand I have a right to transfer with my function from Biloxi, Mississippi. My decision about transferring with my function is indicated below.

\_\_\_\_ I want to transfer with my function. I understand that my placement rights have not been determined yet and that I will be informed in writing when a final decision is made. I will accept a transfer to (select one):

\_\_\_\_\_ Dayton, Ohio

\_\_\_\_\_ Denver, Colorado

\_\_\_\_ I do NOT want to transfer with my function from Biloxi, Mississippi. I understand that, by this election, I forfeit any further employment consideration in both the Dayton, Ohio, and Denver, Colorado, offices and that I may be separated from Federal service under adverse action procedures in 5 CFR, Part 752.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

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## Section 10, Reduction in Force Continuous Furlough Notice

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**Introduction** Restructuring Information Handbook Module 5 covers “Reduction in Force Furlough.” This section contains a sample reduction in force continuous furlough notice covering more than 30 consecutive calendar days. Section 3-D-11 contains a sample reduction in force discontinuous furlough notice. An agency may use these sample furlough notices as guidance in developing its own reduction in force furlough notices.

---

**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Reduction in Force Continuous Furlough Notice	3-D-10-1
Sample Reduction in Force Continuous Furlough Notice	3-D-10-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-10-1	3-A-29

**A** This symbol highlights where you can find additional material in Unit 3-A.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

---

## **Section 10, Reduction in Force Continuous Furlough Notice**

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### **3-D-10-1      Purpose of Reduction in Force Continuous Furlough Notice**

A continuous reduction in force furlough means placing an employee covered by OPM's reduction in force regulations in a temporary nonpay and nonduty status for more than 30 continuous calendar days. (5 CFR 351.203)

- ①
  - Restructuring Information Handbook Module 5 covers "Reduction in Force Furlough."
- ①
  - Subparagraph **5-A-3-1-(a)** covers the definition of continuous reduction in force furlough.
- A**
  - A continuous reduction in force furlough is another reduction in force action covered by OPM's 5 CFR Part 351 retention regulations, including the notice provisions found in Section **3-A-29** of Module 3.

---

### **3-D-10-2      Sample Reduction in Force Continuous Furlough Notice**

#### **Memorandum**

**To:** [Name of Employee]

**From:** [Name of Agency Official]

**Subject:** Specific Notice of Reduction in Force (RIF) Furlough

I regret to inform you that you will be furloughed (i.e., placed in a non-duty/non-pay status) for 40 consecutive days beginning October 1, 2002. We plan to recall you to duty from furlough effective April 1, 2003.

[Insert the reason for the RIF Furlough].

We need to furlough employees because of a severe funding reduction in the Bureau of Automated Information. The Bureau does not have enough salary and expense (S&E) appropriations to keep all

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employees in a continuous pay and duty status for the whole fiscal year. We believe we can stay within our S&E appropriations by using the furlough process.)

The reason we are using the RIF rules in title 5, Code of Federal Regulations, Part 351, is because the furlough is more than 30 continuous days and is not considered an adverse action under 5 CFR Part 752. We prepared retention registers to determine which employees are released from their competitive levels as a furlough action. We determined your retention standing as of the RIF furlough effective date based on the following information:

Competitive Area:

- (a) Type of Service:
- (b) Position Title, Series, Grade:
- (c) Competitive Level:
- (d) Tenure Group and Subgroup:
- (e) Service Computation Date (SCD):
- (f) Three Most Recent Performance Ratings (with years credited):
- (g) Adjusted SCD (SCD-RIF):

You will be in a nonpay, nonduty status during your furlough. During this period, you cannot visit your workplace, work at home, or serve as an unpaid volunteer.

Any leave currently scheduled and approved during your furlough period is hereby cancelled.

**Attachment 1** has general information about leave and benefits during a furlough.

**Attachment 2** has information on unemployment insurance under the [State's Name] Workforce Investment Act of 1998 Program.

We are taking this action under the applicable civil service RIF regulations and procedures. Copies of the retention registers, RIF regulations, and related records for this action are in the Human Resources Office. You may make an appointment to review this material by calling [Name of HRO Representative] at [Phone, E-Mail].

If you want to challenge this action, you may appeal this action to the Merit Systems Protection Board (MSPB), [City] Regional Office, [Street

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Address], [City]] [State], [ZIP Code]. You must submit your appeal in writing. You can file an appeal after the first furlough day and until 30 calendar days from the first furlough day. If you do not file your appeal within this time limit, the MSPB may dismiss it unless you can show good cause for the delay.

**Attachment 3** is a copy of the appeal form and the MSPB appeal regulations.

This RIF furlough action does not reflect on your service, performance or conduct. We have taken it solely for the reason(s) stated in this notice.

We recognize the harmful impact of any furlough. We will inform you as additional furlough information becomes available.

[Agency signature]

**Attachments**

1. Benefits Information during a Furlough
2. [Name of State]'s Workforce Investment Act of 1998 Program Information
3. MSPB Appeal Form and Regulations

Receipt Acknowledged:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

---

## Section 11, Reduction in Force Discontinuous Furlough Notice

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**Introduction** Restructuring Information Handbook Module 5 covers “Reduction in Force Furlough.” This section contains a sample reduction in force furlough notice for a discontinuous reduction in force furlough covering more than 22 discontinuous workdays. Section 3-D-10 contains a sample reduction in force continuous furlough notice. An agency may use these sample furlough notices as guidance in developing its own reduction in force furlough notices.

---

**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Reduction in Force Continuous Furlough Notice	3-D-11-1
Sample Reduction in Force Continuous Furlough Notice	3-D-11-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-11-1	3-A-29

**A** This symbol highlights where you can find additional material in Unit 3-A.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

---

## **Section 11, Reduction in Force Discontinuous Furlough Notice**

---

### **3-D-11-1      Purpose of Reduction in Force Continuous Furlough Notice**

A discontinuous reduction in force furlough means placing an employee covered by OPM's reduction in force regulations in a temporary nonpay and nonduty status for more than 22 discontinuous workdays within a calendar year. (5 CFR 351.203)

- ①
  - Restructuring Information Handbook Module 5 covers "Reduction in Force Furlough."
- ①
  - Subparagraph **5-A-3-1-(b)** covers the definition of discontinuous reduction in force furlough.
- ①
  - Paragraph **5-A-3-3** has additional guidance on discontinuous furlough.
- A**
  - A discontinuous reduction in force furlough is another reduction in force action covered by OPM's 5 CFR Part 351 retention regulations, including the notice provisions found in Section **3-A-29** of Module 3.

---

### **3-D-11-2      Sample Reduction in Force Continuous Furlough Notice**

#### **Memorandum**

**To:** [Name of Employee]

**From:** [Name of Agency Official]

**Subject:** Specific Notice of Reduction in Force (RIF) Furlough

I regret to inform you that you will be furloughed (i.e., placed in a nonduty/nonpay status) for at least 26 nonconsecutive days between October 1, 2002, and September 30, 2003. Your designated furlough day is the first Tuesday of each pay period.

[Insert the reason for the RIF Furlough.]

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We need to furlough employees because of a severe funding reduction in the Bureau of Automated Information. The Bureau does not have enough salary and expense (S&E) appropriations to keep all employees in a continuous pay and duty status for the whole fiscal year. We believe we can stay within our S&E appropriations by using the furlough process.)

The reason we are using the RIF rules in title 5, Code of Federal Regulations, Part 351, is because the furlough is more than 22 discontinuous days which is not considered an adverse action under 5 CFR Part 752. Retention registers were prepared to determine who to furlough. We determined your retention standing as of the first RIF furlough effective date based on the following information:

Competitive Area:

- (a) Type of Service:
- (b) Position Title, Series, Grade:
- (c) Competitive Level:
- (d) Tenure Group and Subgroup:
- (e) Service Computation Date (SCD):
- (f) Three Most Recent Performance Ratings (with years credited):
- (g) Adjusted SCD (SCD-RIF):

You will continue in your present position during non-furlough days.

You will be in a nonpay, nonduty status on your furlough day. On your furlough day, you cannot visit your workplace, work at home, or serve as an unpaid volunteer.

Any leave currently scheduled and approved for your designated furlough day is hereby cancelled.

**Attachment 1** has general information about leave and benefits during a furlough.

**Attachment 2** has information on unemployment insurance under the [Name of State]'s Workforce Investment Act of 1998 Program.

If you want to switch your designated furlough day to another day in the pay period, you must submit a written request to your supervisor by (Date). We will review all change requests with approvals based on position function and employee retention standing. Furlough days

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must be spread over the entire two-week pay period to meet workload and office coverage requirements.

If you need to reschedule a specific furlough date, please submit your written request as far ahead as possible so we may consider it in view of office needs.

We are taking this action under the applicable civil service RIF regulations and procedures. Copies of the retention registers, RIF regulations, and related records for this action are in the Human Resources Office. You may make an appointment to review this material by calling [HRO Representative's Name] at [Phone, e-Mail].

If you want to challenge this action, you may appeal this action to the Merit Systems Protection Board (MSPB), [City] Regional Office, [Street Address], [City], [State], [ZIP Code]. You must submit your appeal in writing. You can file an appeal after the first furlough day and until 30 calendar days from the first furlough day. If you do not file your appeal within this time limit, the MSPB may dismiss it unless you can show good cause for the delay.

**Attachment 3** is a copy of the appeal form and the MSPB appeal regulations.

This RIF furlough action does not reflect on your service, performance or conduct. We have taken it solely for the reason(s) stated in this notice.

We recognize the harmful impact of any furlough, no matter how limited its length. We will inform you as additional furlough information becomes available.

[Agency signature]

### **Attachments**

1. Benefits Information during a Furlough
2. [Name of State]'s Workforce Investment Act of 1998 Program Information
3. MSPB Appeal Form and Regulations

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**Receipt Acknowledged:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
[Typed Employee Name]

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## Section 12, Reassignment to Different Local Commuting Area

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**Introduction** This section contains a sample reassignment letter that an agency may use to reassign an employee from one position to another position in a different local commuting area. The agency may use this letter as a basis to separate an employee under the 5 CFR Part 752 adverse action procedures for declining reassignment to a different geographic location.

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**Contents** This section contains the following topics:

Topic	See Paragraph
Purpose of Reassignment Letter	3-D-12-1
Sample Reassignment Letter	3-D-12-2

---

**Additional Information** When appropriate, Restructuring Information Handbook Module 3 has additional information on material in Unit 3-D.

To find additional information on key paragraphs in Unit 3-D,	In Module 3, see paragraph:
3-D-12-1-(a)	3-A-5-2
3-D-12-1-(b)	3-A-7-8

**A** This symbol highlights where you can find additional material in Unit 3-A.

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**①** This symbol guides you toward more general references on the subject in Module 3 or in other Modules.

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## Section 12, Reassignment to Different Local Commuting Area

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### **3-D-12-1**      **Purpose of Reassignment Letter**

At its option, an agency may reassign an employee, without regard to reduction in force procedures, to a vacant position at the same grade and rate of pay.

- (a) The position may be in the same, or in a different: (5 CFR 335.102)
- (1) Competitive level;
  - (2) Competitive area; or
  - (3) Local commuting area.

**A**                      • Paragraph **3-A-5-2** has additional guidance on the agency's general right to reassign employees.

- (b) The agency may use 5 CFR Part 752 adverse action procedures to separate an employee who declines reassignment to a different local commuting area.

**A**                      • Paragraph **3-A-7-8** covers "Local Commuting Area."

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### **3-D-12-2**      **Sample Reassignment Letter**

#### **Memorandum**

**To:** [Name of Employee]

**From:** [Agency Official]

**Subject:** Directed Reassignment Outside the Commuting Area

We have decided to reassign you to the vacant position of [Title, Series, Grade], position number [ ], duty station [City, State] effective [Month, Day, Year].

**Attachment 1** is a copy of the position description.

[Include the reason for the reassignment.]

The Administrative Services Division established a position to provide oversight and direction to its new interagency liaison function. We reviewed the qualifications of our eligible Division staff and determined that, based on your background and experience, you were the best person to take on this responsibility.

This position is outside your current commuting area. If you accept this reassignment, transportation expenses for you and your dependents, including costs for moving your household goods from [City, State] to [City, State], will be paid as allowed by the Federal Travel Regulations. Please plan to report for duty at [Time] to [Name, Address, Phone Number] on [Month, Day, Year].

Before entering in any agreements or incurring any expenses related to your relocation, please contact [Name of Agency's Travel and Relocation Coordinator] at [Phone Number, E-Mail].

You may decline this reassignment. However, if you decline, we may initiate action to separate you from the Federal service under Title 5, Code of Federal Regulations, Part 752 (5 CFR, Part 752), for failure to accept a reassignment outside the commuting area. You will receive at least 30 days advance written notice before your separation. A separation under these circumstances would be considered involuntary for certain benefits and placement programs.

[As appropriate, the agency may inform the employee about eligibility for discontinued service retirement under the CSRS/FERS Handbook for Personnel and Payroll Offices, Chapter 44, Discontinued Service Retirement.

[The agency may also inform the employee whether Career Transition Assistance Plan (CTAP) eligibility is established by this notice based on the agency's policies. If so, attach information on the agency's CTAP policies.]

You have 10 calendar days from the date you receive this notice to accept or decline this reassignment. Please indicate your decision on the form at **Attachment 2**.

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You must return your response to [Name and Address of Agency Official], or fax a copy of your response to [Fax Number] by close of business [Month, Day, Year].

We may initiate your involuntary separation from the Federal service under 5 CFR, Part 752 if you:

1. Decline this reassignment,
2. Do not respond in writing by [Month, Day, Year], or
3. Do not report for duty on [Month, Day, Year].

Please be advised that receipt of this notice establishes your eligibility for the specifically mentioned programs [if the agency includes in the paragraphs above]. However, if you resign based on this notice alone, other rights and benefits which may apply after receipt of an official 5 CFR, Part 752, separation notice may be affected (e.g., appeal rights and ICTAP placement assistance). You are strongly encouraged to contact the Human Resources Office to ask how a resignation could affect other potential rights and benefits.

If you have any questions regarding this notice, please contact [Name of Agency Official] on [Phone Number, E-Mail].

(Agency Signature)

Attachments

1. Copy of Position Description Number \_\_\_\_\_
2. Acceptance/Declination Form

Receipt Acknowledged:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

**Acceptance or Declination Form**

**To:** [Name of Agency Official]

**From:** [Name of Employee]

**Subject:** Acceptance or Declination of Directed Reassignment

My decision about my reassignment notice dated [Month, Day, Year] is indicated below.

\_\_\_\_\_ I Accept the reassignment to the position of [Title, Series, Grade], duty station [City, State].

Or

\_\_\_\_\_ I Decline the reassignment to [[City, State]. I understand that, because I am declining a reassignment to a position outside my local commuting area, action may be initiated to separate me from the Federal service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
[Typed Employee Name]

---

## Section 13, Voluntary Separation Incentive Payment Notices

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**Introduction** Restructuring Information Handbook Module 10 covers “Voluntary Separation Incentive Payments.” This section contains sample notices as guidance that an agency may use in developing its own VSIP notices.

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**Contents** This section contains the following topics:

<b>Topic</b>	<b>See Paragraph</b>
Purpose of Voluntary Separation Incentive Notices	3-D-13-1
Sample Agency VSIP Request	3-D-13-2
Sample Notice Announcing The VSIP Plan To Agency Employees	3-D-13-3
Sample VSIP Survey of Agency Employees Eligible for Immediate Retirement (including VERA)	3-D-13-4
Sample VSIP Survey of Agency Employees Not Eligible for Immediate Retirement	3-D-13-5
Sample Application to Separate by Retirement for a VSIP	3-D-13-6
Sample Application to Separate by Resignation for a VSIP	3-D-13-7

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**Additional Information** When appropriate, Restructuring Information Handbook Module 10 has additional information on material in Unit 3-D.

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<p><b>i</b> This symbol guides you toward more general references on the subject in Module 10 or in other Modules.</p>
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## **Section 13, Voluntary Separation Incentive Payment Notices**

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### **3-D-13-1      Purpose of Voluntary Separation Incentive Notices**

With OPM approval, an agency that is restructuring may choose to offer Voluntary Separation Incentive Payments (VSIP) to its employees.

- This section includes sample notices that an agency may use for guidance in developing its own material to request OPM approval to offer VSIP, to canvass employees' interest in VSIP, and to finalize VSIP offers to employees who voluntarily separate by retirement or resignation.
  - ① • Restructuring Information Handbook Module 10 ("Voluntary Separation Incentive Payments") provides additional guidance on the executive branch VSIP option authorized by the Homeland Security Act of 2002 (Section 1313(a) of Public Law 107-296).
- 

### **3-D-13-2      Sample Agency VSIP Request**

#### **Sample VSIP Request**

**This document provides a framework for submitting requests for authority to make voluntary separation incentive payments. Agencies should provide enough information under each item to justify use of the authority and to meet the requirements of section 1313 of Public Law 107-296 (the Homeland Security Act of 2002).**

**Agency:** \_\_\_\_\_

**Component(s):** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**1. The reason for the voluntary separation incentive payment (VSIP) request.**

This introduction should describe the circumstances leading to the request and explain why the agency believes that VSIPs will be an appropriate strategy for making the required adjustments in the workforce.

**2. Identification of the specific positions and functions to be reduced or eliminated, identified by organizational unit, geographic location, occupational category, grade level, and any other factors related to the position, such as skills and knowledge.**

**Organizational Unit: Geographic Location: Series: Grade: Skills and Knowledge:**

**3. A description of the categories of employees who will be offered incentives, identified by organizational unit, geographic location, occupational category, grade level, and any other factors related to the position, such as skills and knowledge.**

**Organizational Unit: Geographic Location: Series: Grade: Skills and Knowledge:**

**4. The time period during which incentives may be paid.**

The time period is \_\_\_\_\_.

**5. The number and maximum amount of voluntary separation incentive payments to be offered.**

The number is \_\_\_\_\_.

The maximum amount that will be paid is \_\_\_\_\_.

**6. A narrative description of how the organization will operate without the eliminated or restructured positions and functions.**

**7. A proposed organization chart displaying the expected changes in the agency's organizational structure after the agency has completed the incentive payments.**

This chart should show the agency (or component within the agency, if the VSIP request is for a single component) minus the eliminated or restructured or redescribed positions (different grade, title, function(s), etc.) In order to effectively show the meaning of this information, it would be useful to display a current organization chart as well.

**8. If the agency has requested, or will request, voluntary early retirement authority (VERA), a description of how that authority will be used in conjunction with VSIP.**

This discussion should explain the extent to which the agency believes it will reach its voluntary separation goals by combining VERA with VSIP as an enticement for voluntary separation. If the agency believes that VERA, when used with VSIP, may entice certain employees to retire early to receive a VSIP, it should provide that information and explain the anticipated, positive effect that VERA will have on the VSIP acceptance rate.

**9. If the agency is offering separation incentives under any other statutory authority, a description of how that authority is being used.**

This item is for agencies that may still have a single agency VSIP law. If that is the case, the agency should discuss the number of incentives it plans to offer under each VSIP authority, broken down as described in item two above. If the agency has no single agency VSIP law, it should enter "not applicable." in response to this item.

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**3-D-13-3**

**Sample Notice Announcing The VSIP Plan To Agency Employees**

[Agency Letterhead]

**VSIP Information Memorandum For All Employees**

Date:

Subject: **Voluntary Separation Incentive Payments**

This memorandum announces an opportunity for certain employees of [name of agency, or subagency, component, etc.] to apply for Voluntary Separation Incentive Payments.

The Homeland Security Act of 2002 (Public Law 107-296) authorizes most Executive branch agencies undergoing restructuring, including [name of agency], to offer Voluntary Separation Incentive Payments (VSIP) to employees who voluntarily separate by immediate retirement, or resignation. In addition, the U.S. Office of Personnel Management (OPM) has approved a Voluntary Early Retirement Authority (VERA) to help us successfully reach our restructuring goals. Our targeted use of the VSIP and VERA options will assist us in streamlining agency operations, and minimizing or even avoiding involuntary actions such as reduction in force (RIF).

#### **Our VSIP Program-**

We will authorize VSIP payments to a maximum of [insert number] eligible employees who voluntarily separate by retirement or resignation from the [name of agency] from [insert beginning and ending dates of agency's window to accept the VSIP.]

If more eligible employees apply for a VSIP on than we have available, we will decide which employees may separate for a VSIP on the following basis: [insert description of the procedure that the agency will use to determine the ranking order it will use to approve employees' VSIP applications to voluntarily retire or resign.]

#### **Eligibility-**

You are eligible to receive a VSIP from [name of agency] only if you:

- (1) Occupy a position or occupation that we have not excluded from eligibility for the VSIP (see the attachment for a list of positions that are not covered by our VSIP plan);
- (2) Accept a VSIP offer during the period from [insert beginning and ending dates of agency's window to accept the VSIP]; and
- (3) Voluntarily separate for the VSIP by retirement or resignation during [insert beginning and ending dates of the agency's window to separate for the VSIP].

#### **Statutory Exclusions From VSIP Eligibility-**

You are excluded by law from VSIP eligibility if you:

- (1) Are a reemployed annuitant;
- (2) Have a disability on the basis of which you would be eligible for a disability retirement;
- (3) Are serving under an appointment with a time limitation;
- (4) Have not been employed by [name of agency] without a break in service for 3 continuous years;
- (5) Have received a written decision of involuntary separation because of misconduct or unacceptable performance;
- (6) Previously received a VSIP from any Federal agency;
- (7) Received a recruitment or relocation bonus within 24 months of separating to receive a VSIP; or
- (8) Received a retention bonus within 12 months of separating to receive a buyout.

**Amount of Payment-**

By law, the amount of the VSIP is an amount equal to the lesser of your severance pay entitlement, or \$25,000.

We use the statutory severance pay formula in 5 U.S.C. 5595(c) to calculate the amount of severance pay. However, the law limits the maximum VSIP payment to \$25,000.

Our Human Resources Office (HRO) will provide you with a computation of the amount of your VSIP up to the \$25,000 maximum using the severance pay formula.

**Separation Agreement-**

If you apply to retire or resign with a VSIP, you must sign an agreement that your decision to separation is entirely voluntary and not coerced.

You must also agree in the signed VSIP separation agreement to repay the [name of agency] the gross amount of the VSIP before you are later reemployed by the Government of the United States under

(1) an appointment for compensation, (2) a personal services contract, or (3) other direct contract, within 5 years of the date of your separation for the VSIP.

The VSIP separation agreement serves as a binding commitment for you to voluntarily retire or resign (as applicable) during the VSIP window period. If we do not select you to receive a VSIP under our plan, you are not required to retire or resign under the VSIP separation agreement.

**Additional Information on Subsequent Reemployment With the Government of the United States-**

As we explained above, if you separate for a VSIP from [name of agency] and accept reemployment with the Government of the United States (including certain contractor work) within 5 years of your separation date, you must repay the entire amount of the VSIP to [name of agency].

The amount of the repayment would be the gross amount of the VSIP (i.e., the total amount we paid you, not just the net amount you actually received) prior to your appointment to a Federal position, or your first day of work under a personal services or other direct contract.

Note that in special situations a hiring agency may request OPM to waive the VSIP repayment requirement before the agency appoints the former employee to a position. However, no agency has authority to request a waiver of the repayment requirement involving a personal services or other direct contract.

**Additional Information and Counseling-**

Applying for a VSIP is a completely voluntary option for you. To help you make a decision, we have a special hotline to give you more information. TDD services and sign interpretive services are also available.

Our human resources office (HRO) specialists can provide you with a computation of your potential VSIP payment. If you are eligible for immediate retirement, our HRO specialists can also provide you with an annuity computation, along with information on related benefits options.

You may schedule a by contacting our HRO in Building \_\_\_\_\_, Room \_\_\_\_\_, telephone xxx-yyy-zzzz, e-mail \_\_\_\_\_.

**VSIP Application Procedures-**

In order to be considered for a VSIP, you must complete an application available from your HRO. If the HRO does not receive your VSIP application by [insert time] on [insert date], [name of agency] will not consider for a VSIP. If you are unable to complete and deliver the VSIP application to HRO, call HRO for alternative instructions [insert telephone number].

[Signed, Agency Head or appropriate agency official]

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**Attachment To Letter Announcing Incentive Program To [name of agency] Employees**

**Positions Excluded from VSIP Offers**

Because of our pending major reorganization, we will accept VSIP payments for employees in most of our positions (i.e., most occupations, series, and grades). However, because of critical workload needs, we excluded the following positions from eligibility for this VSIP:

[Identify excluded positions by grade, series, location, etc.]

For an alternative, the agency could identify positions covered by the VSIP plan.]

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**3-D-13-4**      **Sample VSIP Survey of Agency Employees Eligible for Immediate Retirement (including VERA)**

[Agency Letterhead]

**Voluntary Separation Incentive Payment Survey of Retirement Eligible Employees**

Date:

Subject: **Interest in Agency's VSIP Plan**

On [date] we gave all [name of agency] employees a memorandum announcing our plan to offer [insert number] Voluntary Separation Incentive Payments to employees who voluntarily retire or resign during [insert beginning and ending VSIP separation dates]. The memorandum explains that the voluntary VSIP separations will greatly help us implement our major reorganization while minimizing disruption to our workforce.

Our personnel data file indicates that you are eligible for immediate optional or voluntary early retirement. If you are eligible for immediate retirement under our Voluntary Early Retirement Authority (VERA), you must separate from [name of agency] no later than close of business on [insert date] when our VERA window ends.

To help us implement our reorganization, we are asking all retirement eligible employees who are covered by our VSIP plan to complete the survey below so we can determine employee interest in actually separating for a VSIP. (We are also surveying employees who are not eligible for immediate retirement and who may wish to separate by resignation for a VSIP.) This survey is entirely optional. We will use the results of this survey solely to help us plan for continuity of operations during our reorganization.

Name (optional):

Position Title:

Classification Series:

Grade:

U.S. Office of Personnel Management-Division for Strategic Human Resources Policy  
Restructuring Information Handbook Module 3  
Reduction in Force  
Unit D, Sample Notices (May 2003 version)

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Organization:

Location:

If you need additional information on the VSIP, our Human Resources Office (HRO) is ready to assist you. Our [date] VSIP information memorandum includes information on requesting assistance from our HRO. If your copy of the VSIP information memorandum is not available, you should call the HRO at xxx-yyy-zzzz for assistance.

We will also conduct two group briefings for employees potentially interested in separating by retirement for a VSIP. Each briefing lasts one hour. We will hold the first briefing on [date] at [location]. We will hold the second briefing will be held on [date] at [location]. For information on attending one of the briefings, you should reserve a spot by calling the HRO at xxx-yyy-zzzz, or using the sign-up sheet in [room number, location].

Again, completing this form is purely optional and in no way obligates you to retire for a VSIP.

Please check the following choice which applies to you:

\_\_\_\_\_ If [name of agency] offers a VSIP, I am definitely interested in applying for retirement with a VSIP.

\_\_\_\_\_ If [name of agency] offers a VSIP, I am possibly interested in applying for retirement with a VSIP.

\_\_\_\_\_ If [name of agency] offers a VSIP, I am definitely not interested in applying for retirement with a VSIP.

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**3-D-13-5**      **Sample VSIP Survey of Agency Employees Not Eligible for Immediate Retirement**

[Agency Letterhead]

**Voluntary Separation Incentive Payment Survey of Employees Not Eligible for Immediate Retirement**

Date:

Subject: **Interest in Agency's VSIP Plan**

On [date] we gave all [name of agency] employees a memorandum announcing our plan to offer [insert number] Voluntary Separation Incentive Payments to employees who voluntarily retire or resign during [insert beginning and ending VSIP separation dates]. The memorandum explains that the voluntary VSIP separations will greatly help us implement our major reorganization while minimizing disruption to our workforce.

Our personnel data file indicates that you are not eligible for immediate optional or voluntary early retirement (VERA).

To help us implement our reorganization, we are asking all employees who are not eligible for immediate retirement and who are covered by our VSIP plan to complete the survey below so we can determine employee interest in actually separating for a VSIP. (We are also surveying eligible retirement eligible employees.) This survey is entirely optional. We will use the results of this survey solely to help us plan for continuity of operations during our reorganization.

Name (optional):

Position Title:

Classification Series:

Grade:

Organization:

U.S. Office of Personnel Management-Division for Strategic Human Resources Policy  
Restructuring Information Handbook Module 3  
Reduction in Force  
Unit D, Sample Notices (May 2003 version)

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Location:

If you need additional information on the VSIP, our Human Resources Office (HRO) is ready to assist you. Our [date] VSIP information memorandum includes information on requesting assistance from our HRO. If your copy of the VSIP information memorandum is not available, you should call the HRO at xxx-yyy-zzzz for assistance.

We will also conduct two group briefings for employees potentially interested in resigning for a VSIP. Each briefing lasts one hour. We will hold the first briefing on [date] at [location]. We will hold the second briefing will be held on [date] at [location]. For information on attending one of the briefings, you should reserve a spot by calling the HRO at xxx-yyy-zzzz, or using the sign-up sheet in [room number, location].

Again, completing this form is purely optional and in no way obligates you to resign for a VSIP.

Please check the following choice which probably applies to you:

\_\_\_\_\_ If [name of agency] offers a VSIP, I am definitely interested in applying for resignation with a VSIP.

\_\_\_\_\_ If [name of agency] offers a VSIP, I am possibly interested in applying for resignation with a VSIP.

\_\_\_\_\_ If [name of agency] offers a VSIP, I am definitely not interested in applying for resignation with a VSIP.

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**3-D-13-6**      **Sample Application to Separate by Retirement for a VSIP**

[Agency Letterhead]

**Application to Retire With a VSIP**

I meet the age and service requirements for an immediate voluntary retirement. I request to retire from [name of agency] with a Voluntary Separation Incentive Payment (VSIP) effective [date]. My decision to retire is entirely voluntary and is not coerced.

I understand that if I retire from my current position and receive a VSIP, I will be responsible for repaying the gross amount of the VSIP (including any taxes or other withholdings) in full to [name of agency] if within 5 years of the date of my separation I am employed by the Government of the United States under either (1) an appointment to a position, or (2) a personal services contract or other direct contract. Before reemployment, I understand that I must repay the gross amount of the VSIP before my first day of work.

I understand that, if I am selected to receive a VSIP, this statement serves as my agreement to voluntarily retire from [name of agency].

I also understand that if [name of agency] does not select me to voluntarily retire with a VSIP, this application is void and I am not obligated to retire.

Name (printed):

Signature:

Date:

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**3-D-13-7**

**Sample Application to Separate by Resignation for a VSIP**

[Agency Letterhead]

**Application to Resign With a VSIP**

I request to resign from [name of agency] with a Voluntary Separation Incentive Payment (VSIP) effective [date]. My decision to resign is entirely voluntary and is not coerced.

I understand that if I resign from my current position and receive a VSIP, I will be responsible for repaying the gross amount of the VSIP (including any taxes or other withholdings) in full to [name of agency] if within 5 years of the date of my separation I am employed by the Government of the United States under either (1) an appointment to a position, or (2) a personal services contract or other direct contract. Before reemployment, I understand that I must repay the gross amount of the VSIP before my first day of work.

I understand that, if I am selected to receive a VSIP, this statement serves as my agreement to voluntarily resign from [name of agency].

Name (printed):

Signature:

Date:

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