

# Reclamation Manual

## Directives and Standards

7-2588 (5-07)  
Bureau of Reclamation

### Bureau of Reclamation Surplus Employee Placement Program Employee Registration Form

Name: _____					
Address: _____					
Telephone: _____					
E-mail: _____					
Current Duty Station: _____					
Current Title, Series, Grade: _____					
Current Work Schedule: _____					
<p>I am applying for registration in the Reclamation Surplus Employee Placement Program. Please consider my application for the following positions and locations:</p> <p>My date of availability is _____</p> <p>My expected date of separation is _____</p> <p>I understand the terms of the Reclamation Surplus Employee Placement Program, and that I am not guaranteed placement under this program.</p>					
Signature _____				Date _____	
List below your position title, series, grade(s), acceptable work schedule and locations, and availability date:					
Title, Series Grade/Pay	Also Qualified (Series)	Work Schedule	Acceptable Locations	Available Date	Expected Separation Date