

# Reclamation Manual

## Directives and Standards

### Determination of Workload Requirements for Temporary Services

Work or Task Required (If requesting a specific individual, you must provide a separate sole source justification):

- This is a new request. Work is anticipated to last 120 workdays or less.
- This is an extension of a previous request. Current number of days worked \_\_\_\_\_. Work will last an additional \_\_\_\_\_ workdays (may not exceed 240 workdays total). If you are requesting the same individual/firm, please provide justification below.

Please check all of the following that apply:

- Need is due to absence of employee for emergency, accident, illness, family responsibilities, or jury duty, but not for vacation or other non-critical circumstances.
- Work may not be delayed due to critical need.
- Work/task cannot be completed by current staff; detail; or hiring new permanent, temporary or term staff.
- Work is not supervisory or managerial in nature.
- Contracting out for this work will not displace a Federal employee.
- Contracting out for this work is not being used to circumvent controls on employment levels.

Justification for extension of same individual/firm (Include importance of work being performed, impact of delay or interruption and actions taken to find other solutions) :

\_\_\_\_\_  
Print Name of Technical Representative

\_\_\_\_\_  
Organization Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Technical Representative

\_\_\_\_\_  
Date

Human Resources Review:

- Information above has been verified against human resource records/files.
- Need cannot be met through temporary employment or other employment means.
- Need cannot be met by appointing a surplus or displaced employee under the Career Transition Assistance Plan (CTAP) or Interagency Career Transition Assistance Plan (ICTAP).

\_\_\_\_\_  
Print Name of Technical Representative

\_\_\_\_\_  
Organization Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Human Resource Representative

\_\_\_\_\_  
Date

**Completed form with original signatures must be submitted with the requisition to the servicing acquisition office.**