Reclamation Manual

Directives and Standard

TEMPORARY RELEASE

(Expires 03/22/2017)	
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	Reference:
	onjunction with the Temporary Reclamation Manual Release Directive and Standard IRM-TRMR-48 to meet the hirl be Federal Information Technology Acquisition Reform Act (FITARA) and the Department of the Interior's FITARA
Date of Request:	<u></u>
Requesting Office:	
Vacant Job Series, 1	Title, Grade:
	Type of Appointment and Work Schedule:
(Permanent, temporary	y, term, full/part time. Please provide rationale for appointment.)
Permanent DT	Temporary 🔲 Term
🗆 Full Time 🔲 Part	t Time
Rationale:	
	Vacant Position Location:
(Attach an organization	Vacant Position Location: n chart highlighting the vacant position)
(Attach an organization	

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Dee	cription of the Major Dutles/Functions of t	he Vacant Position
	Justification Narrative:	
The following shall be addressed, is the	position is addressed in an existing work force p inclusion reassignment of work detail of existing	dan, reason if it is necessary to fill the position at this
onie, oner accors taken or considered i	including reasongriment of work, detail of existing	staff, reassignment of employees, etc.; and reason
previously taken actions were not suffici	ent. Attach additional narrative as necessary.	vian, reason if it is necessary to fill the position at this staff, reassignment of employees, etc.; and reason
previously taken actions were not suffici	ent. Attach additional narrative as necessary.	start, reassignment of employees, etc.; and reason
previously taken actions were not suffici	ent. Attach additional narrative as necessary.	start, reassignment of employees, etc.; and reason
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Funding Source:	
Appropriated Funds Non-Appropriated Funds	
Requesting Signature	
Name/Signature of Requesting Official	Date Signed
Recommending Signature	
Recommended Not Recommended	
Name/Signature of Regional IT Manager or IMT Supervisor	Date Signed
Recommended Not Recommended	
Name/Signature of Director, Regional Director or Assistant/Deputy Regional Director (Senior Management)	Date Signed
Approval Signature	
Approved Disapproved	
Name/Signature of Associate Chief Information Officer	Date Signed

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