

Send to [OHR-General-Inquiries@hhs.gov](mailto:OHR-General-Inquiries@hhs.gov) and cc [HRCS@cdc.gov](mailto:HRCS@cdc.gov)

[Employee's Name]

[Address]

[City, State ZIP]

[Phone Number]

[Email]

Date: [Insert Date]

To:

[Name of HR Specialist or RIF Coordinator]

[Agency/Subagency within HHS]

[Address]

Subject: Request for RIF Documentation and Review of Retention Rights

Dear [HR Representative's Name],

I am writing in reference to the recent Reduction in Force (RIF) conducted by the Department of Health and Human Services (HHS), in which my position in the [Branch Name] was affected.

I respectfully request, under OPM RIF regulations (5 CFR Part 351), the following documentation and information:

#### Definition of Competitive Area

Please provide the official documentation used to define the competitive area for this RIF. As this RIF was executed at the Department level (HHS), I would like to understand the justification for selecting only specific branches—such as mine—as separate competitive areas.

#### Competitive Level Determination

Please confirm how my competitive level was determined, including the job series, grade, and functional grouping. I would also like to know whether similar positions in other HHS agencies or operating divisions (e.g., NIH, HRSA, FDA) were evaluated as part of my competitive level.

#### Retention Register for My Competitive Level

Please provide the retention register that includes all employees in my competitive level, showing their retention standing (tenure group, veterans' preference, adjusted RIF service computation date, and additional credit for performance ratings).

#### Assessment of Bump and Retreat Rights

I request a detailed explanation of how my bump and retreat rights were reviewed and applied. I would appreciate clarification on whether potential placement options across HHS were explored and ruled out, and

if so, on what basis.

#### Vacant Position Consideration

Please advise whether there were any vacant positions within my competitive level across the Department that I could have been reassigned to prior to separation.

#### Reemployment Priority List (RPL)

I would also like to confirm that I have been added to the Reemployment Priority List (RPL) in accordance with OPM regulations. Please provide information on how I can verify my status on the list and what agencies or positions it applies to within HHS.

I believe my rights under the RIF regulations may not have been fully exercised due to a possibly narrow interpretation of the competitive area and insufficient review of my retention standing and placement options across HHS.

I look forward to your response and a copy of the requested documents. Please let me know if you require any additional information from me.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Former Position Title, Series & Grade]

[Branch Name / Operating Division]

Home email address